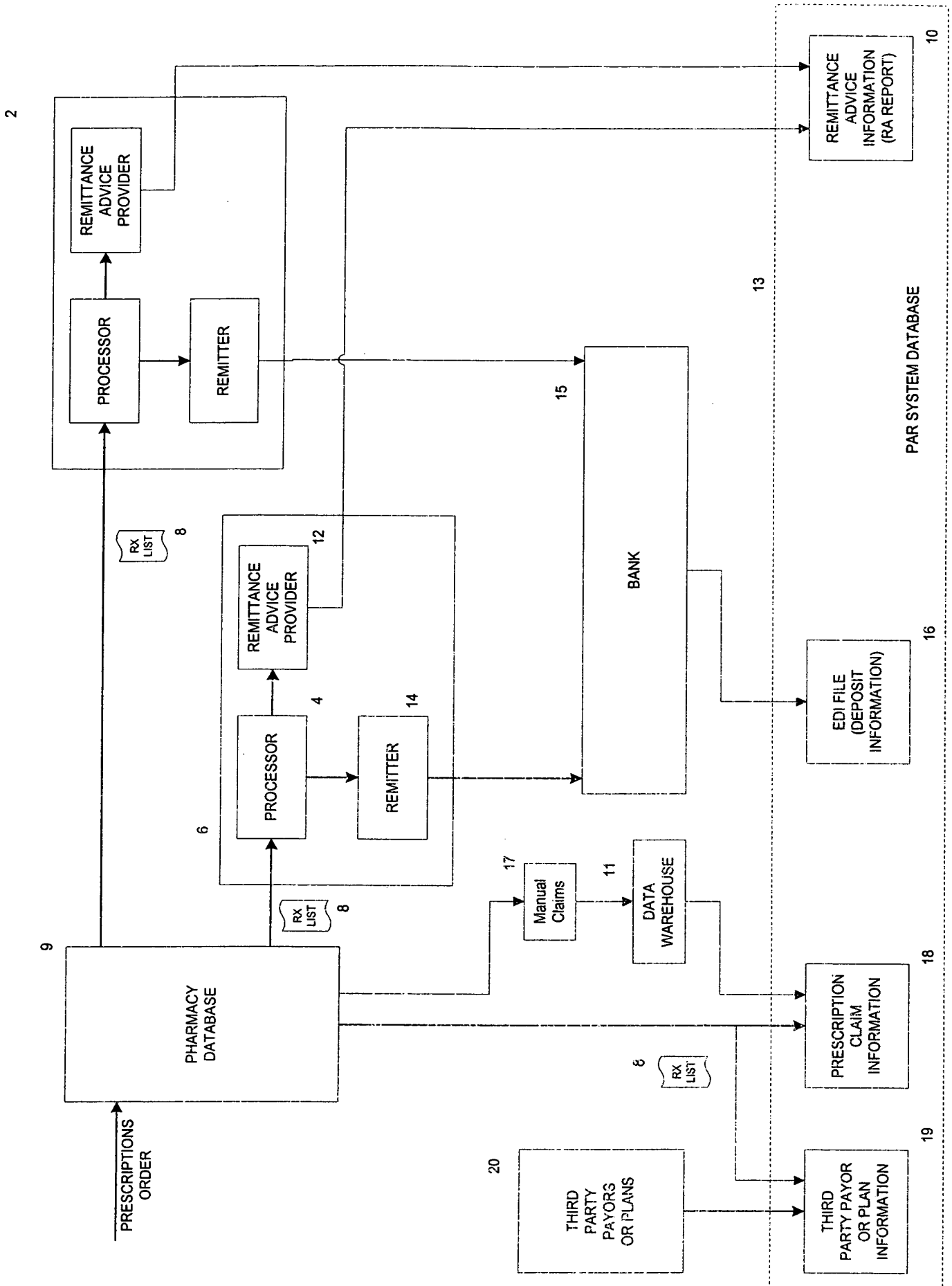

FIG. 1

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 1 of 66 (fig. 1)

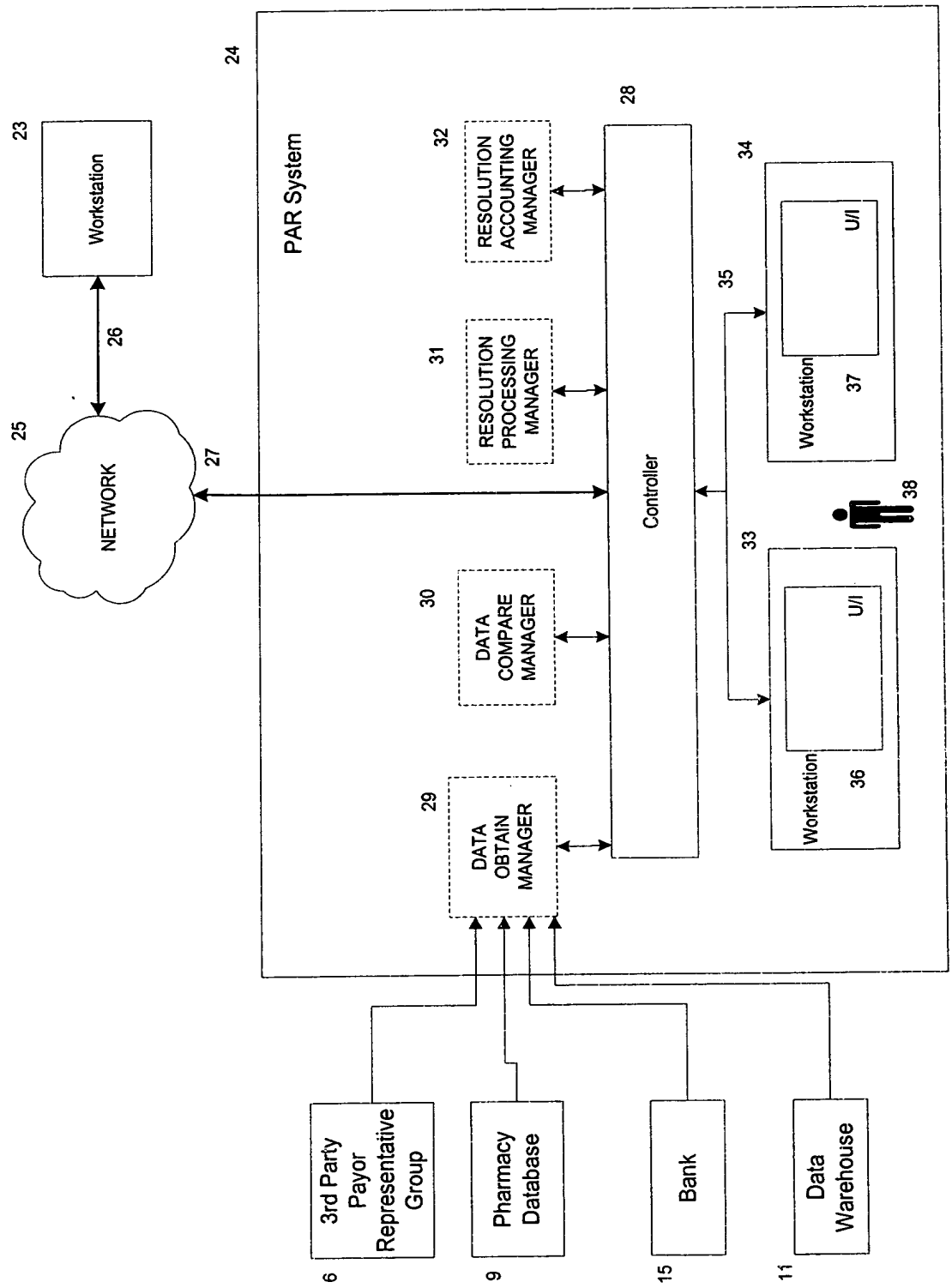
22
24
PAR System
23
Workstation
26
25
NETWORK
27
28
Controller
32
RESOLUTION ACCOUNTING MANAGER
31
RESOLUTION PROCESSING MANAGER
30
DATA COMPARE MANAGER
29
DATA OBTAIN MANAGER
34
U/I
Workstation
37
35
33
U/I
Workstation
36
38
6
3rd Party Payor Representative Group
9
Pharmacy Database
15
Bank
11
Data Warehouse

FIG. 2

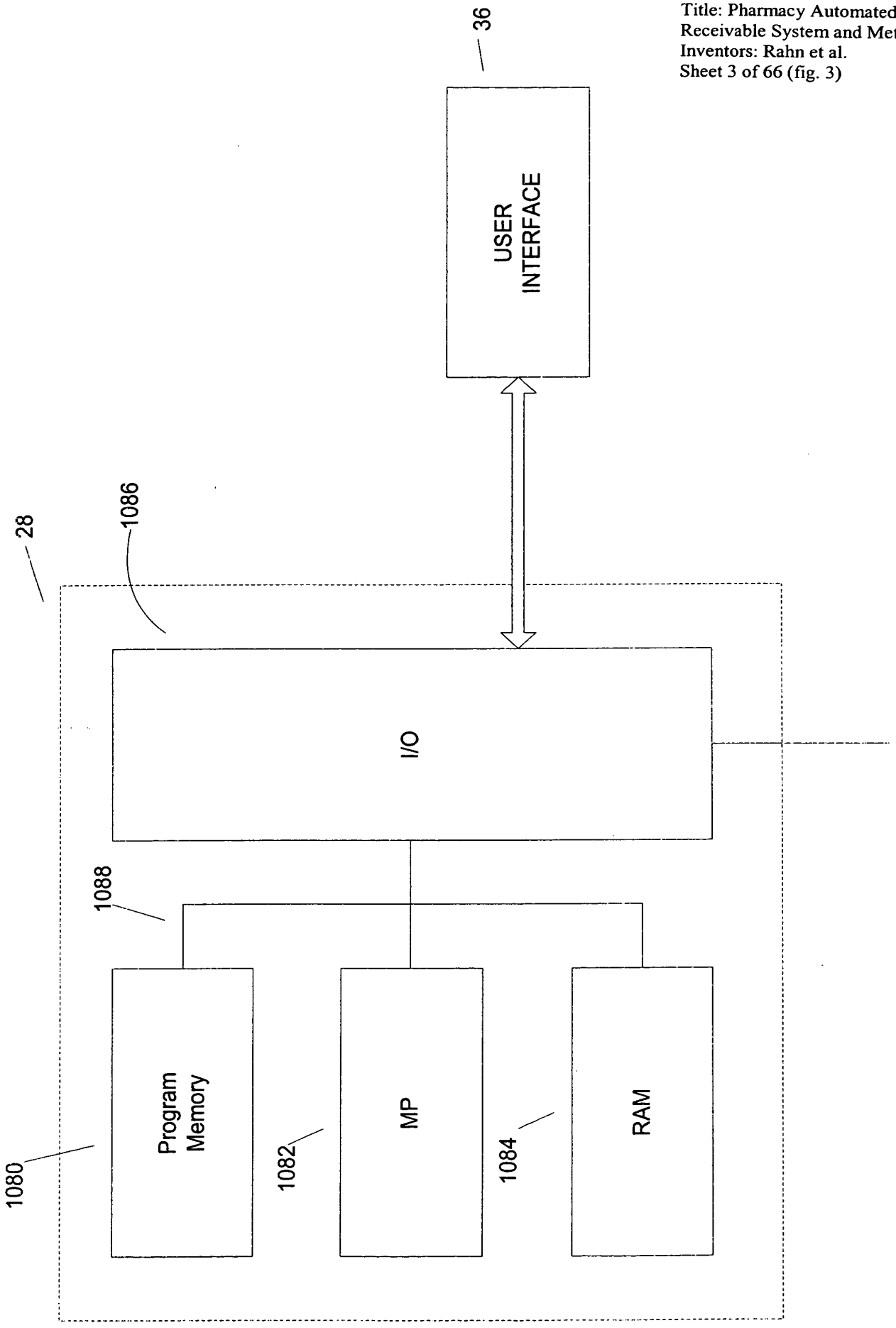
36
USER INTERFACE
28
1086
I/O
1088
Program Memory
MP
RAM
1080
1082
1084

FIG. 3

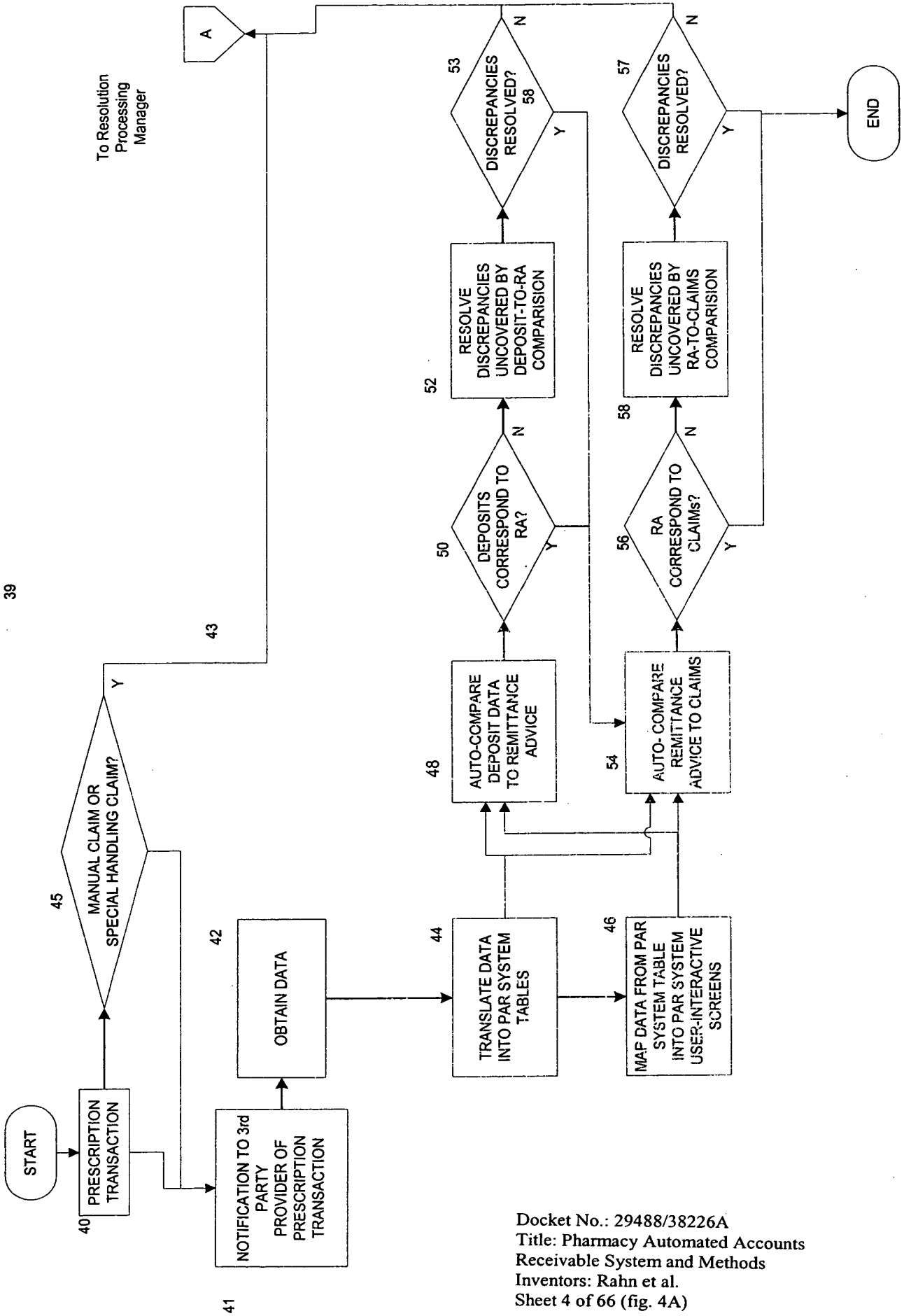

FIG. 4A

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 4 of 66 (fig. 4A)

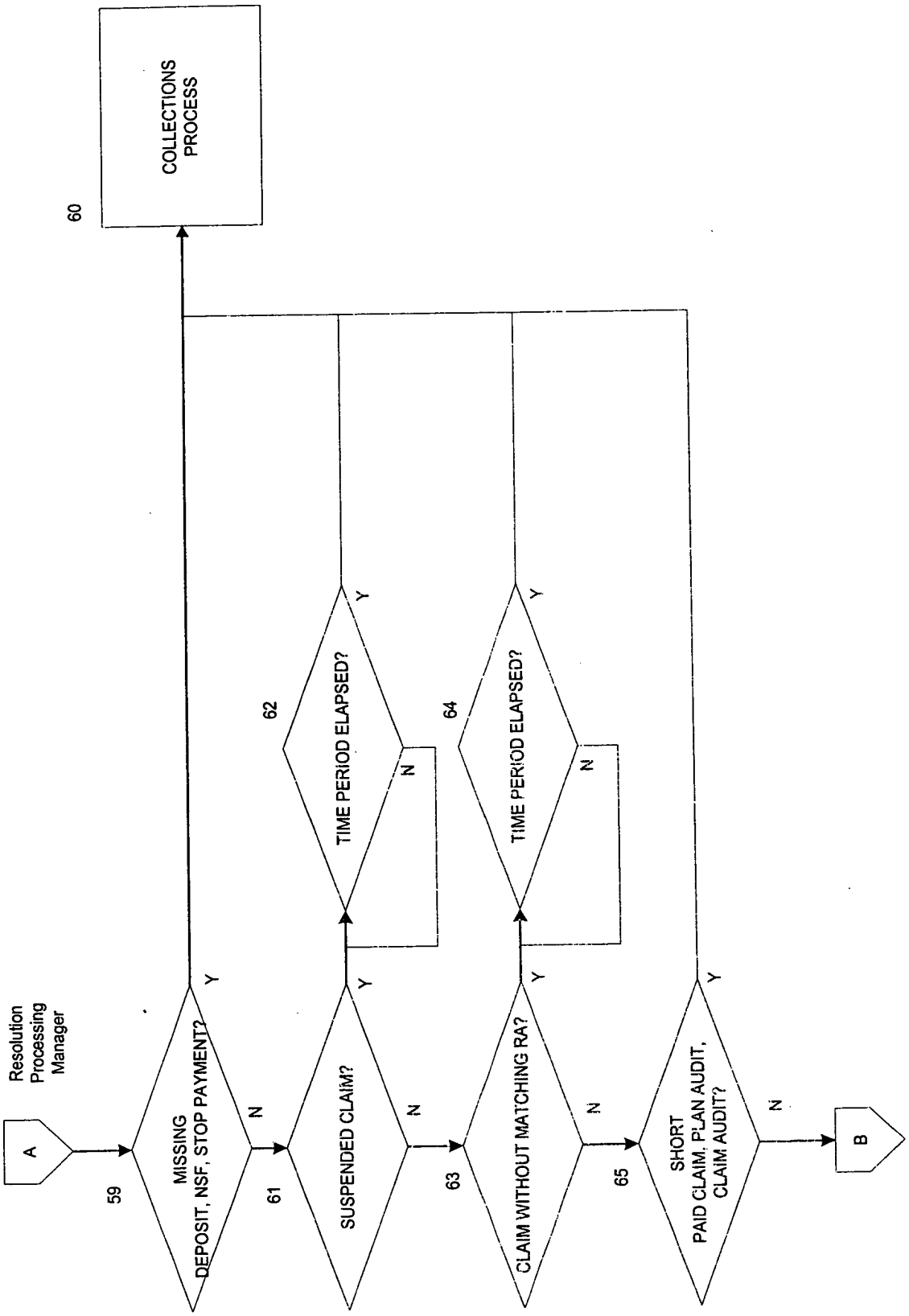
A
Resolution Processing Manager
59
MISSING DEPOSIT, NSF, STOP PAYMENT?
Y
N
61
SUSPENDED CLAIM?
Y
N
62
TIME PERIOD ELAPSED?
Y
N
63
CLAIM WITHOUT MATCHING RA?
Y
N
64
TIME PERIOD ELAPSED?
Y
N
65
SHORT PAID CLAIM, PLAN AUDIT, CLAIM AUDIT?
Y
N
B
60
COLLECTIONS PROCESS

FIG. 4B

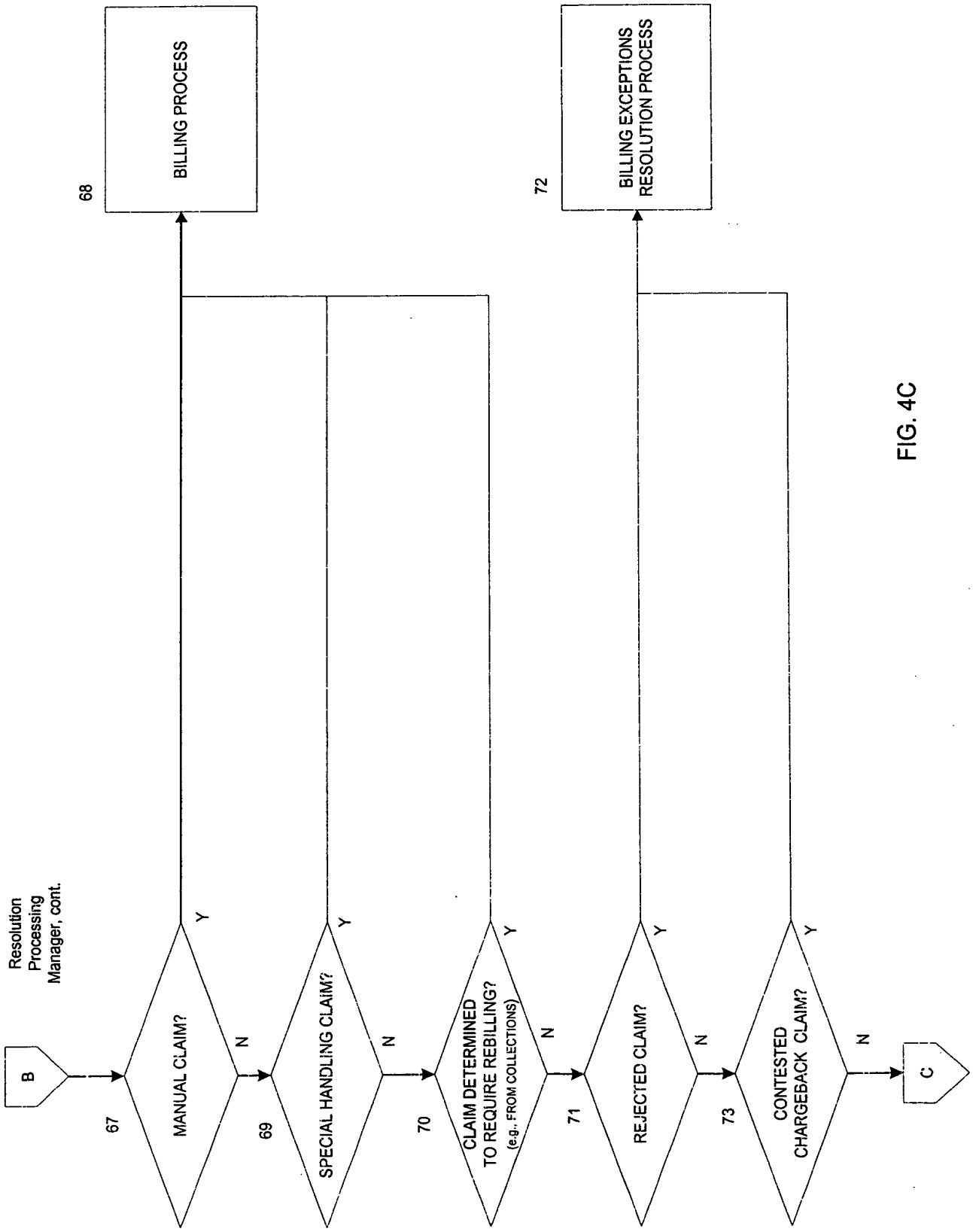
Resolution Processing Manager, cont.
B
67
MANUAL CLAIM?
Y
N
68
BILLING PROCESS
69
SPECIAL HANDLING CLAIM?
Y
N
70
CLAIM DETERMINED TO REQUIRE REBILLING?
(e.g., FROM COLLECTIONS)
Y
N
71
REJECTED CLAIM?
Y
N
72
BILLING EXCEPTIONS RESOLUTION PROCESS
73
CONTESTED CHARGEBACK CLAIM?
Y
N
C

FIG. 4C

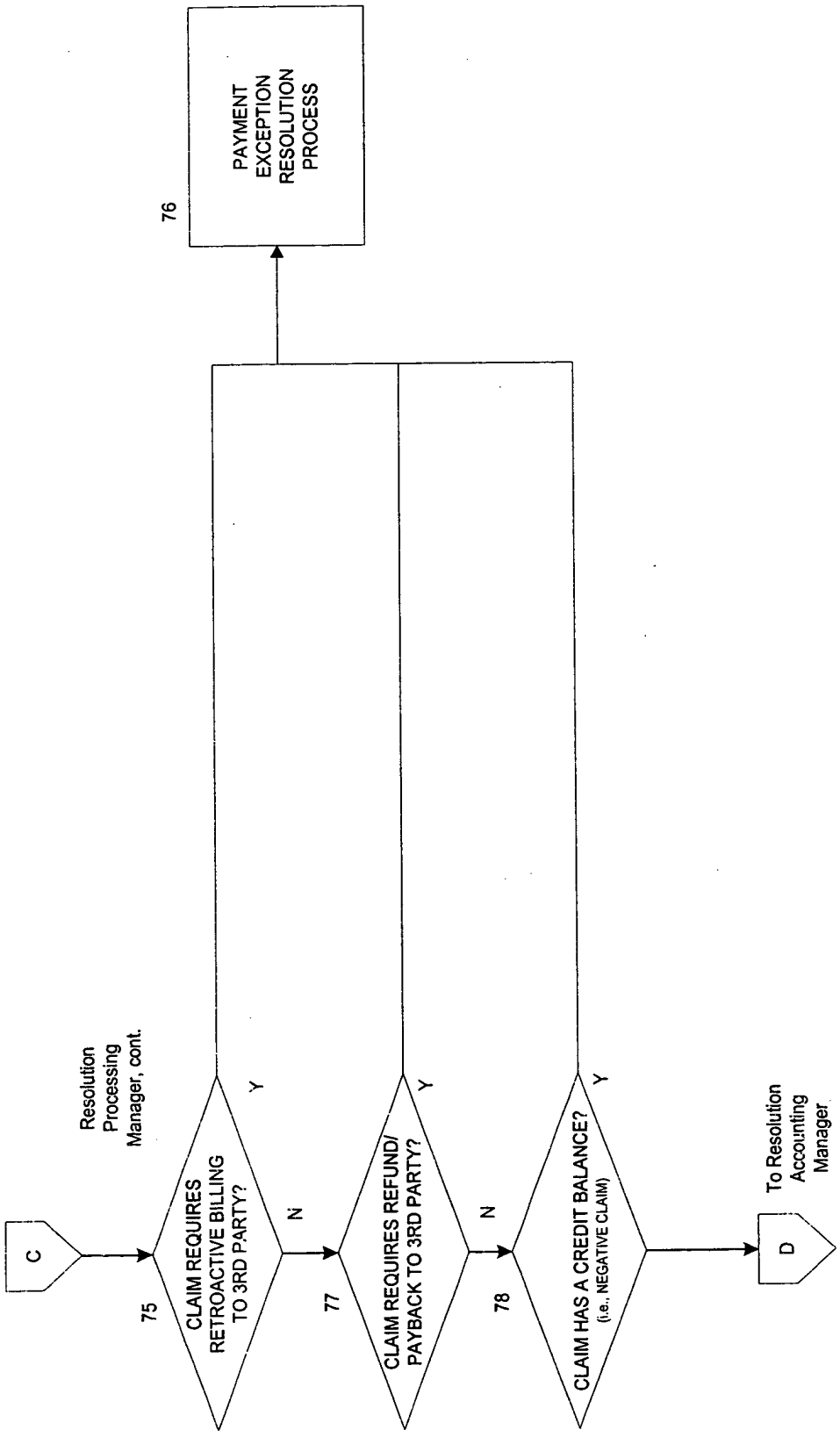
C
Resolution Processing Manager, cont.
75
CLAIM REQUIRES RETROACTIVE BILLING TO 3RD PARTY?
Y
N
77
CLAIM REQUIRES REFUND/ PAYBACK TO 3RD PARTY?
Y
N
78
CLAIM HAS A CREDIT BALANCE? (i.e., NEGATIVE CLAIM)
Y
D
To Resolution Accounting Manager
76
PAYMENT EXCEPTION RESOLUTION PROCESS

FIG. 4D

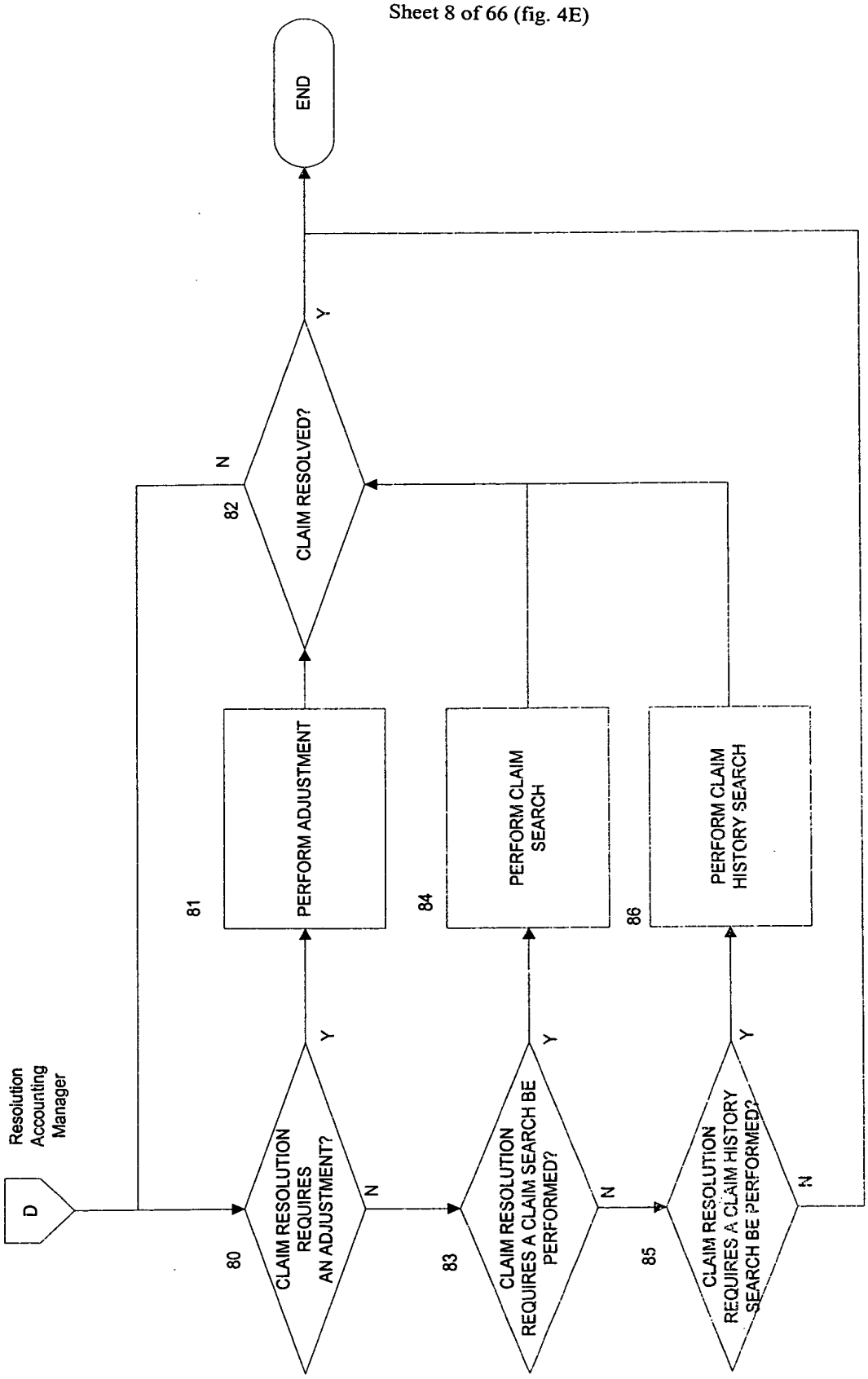
Resolution Accounting Manager
D
80
CLAIM RESOLUTION REQUIRES AN ADJUSTMENT?
Y
N
81
PERFORM ADJUSTMENT
83
CLAIM RESOLUTION REQUIRES A CLAIM SEARCH BE PERFORMED?
Y
N
84
PERFORM CLAIM SEARCH
85
CLAIM RESOLUTION REQUIRES A CLAIM HISTORY SEARCH BE PERFORMED?
Y
N
86
PERFORM CLAIM HISTORY SEARCH
82
CLAIM RESOLVED?
Y
N
END

FIG. 4E

100

BICARE SUMMARY PAYMENT VOUCHER

102 Provider Number	103 Check Number	104 Date of Voucher
361924025112	0060229444	01/18/02

ABC Insurance Co. 101
Federal Services

Palmetto Government Benefits
Claims Administrator California
P.O. Box 870001
Surfside Beach, S.C. 29587-8701

BICARE

WALGREENS 890
P.O. BOX 70104
CHICAGO IL 60673-0104

SERVICE CODES	
PLACE OF TREATMENT	TYPE OF SERVICE
1-IMPATIENT HOSPITAL	1-BLOOD
2-OUTPATIENT HOSPITAL	2-SURGERY
3-PHYSICIAN'S OFFICE	3-MATERNITY
4-PATIENT'S HOME	4-ANESTHESIA
5-DAY CARE FACILITY	5-X-RAY
6 NIGHT CARE FACILITY	6-MEDICAL CARE
7-NURSING HOME	COMPONENT 7-DENTAL
8-BILLED NURSING FACILITY	8-LAB PATHOLOGY
9-AMBULANCE	9-CONSULTATION
0-OTHER	0-ASSISTANT SURGERY
A-INDEPENDENT LABORATORY	A-MEDICAL EMERGENCY
B-RESIDENTIAL TREATMENT CENTER	B-CONCURRENT CARE
C-SPECIALIZED TREATMENT FACILITY	C-PSYCHIATRIC
D-CONT' HEALTH AGENCY	D-PHYSICAL THERAPY
E-PHARMACY	E-THERAPEUTIC X-RAY
	F-AMBULANCE
	G-EQUIPMENT PURCHASE
	H-EQUIPMENT RENTAL
	K-
	L-HOUSING
	P-PROFESSIONAL
	S-HOSPITAL CHARGES
	T-
	U-
	V-
	W-
	X-

To appeal our decision, you must WRITE us within ninety (90) days of the date of this notice

105 Patient Account Number	106 Patient's Name / Sponsor's Social Security Number	Admission or From Date	Discharge or Thru Date	No. of Service	Service Codes: Type	Service Codes: Place	107 Total Charges	Reason Codes	Allowed Covered Charges	Deductible	108 Procedure Code CPT-6 / Cost Share/ Copay	109 Payment
793	Patient #1 555010502	010802	010802	001	K	P	30.19		30.19	.00	9.00	21.00
							30.19		30.19	.00		21.00
												7.10
794	Patient #2 55501052	01082	010802	001	K	P	10.10		10.10	.00	3.00	7.10
							10.10		10.10	.00		

Total Charges	Total Other Carrier	Total Non-Covered Charges	Total Allowed Covered Charges	Total Previous Paid	Total Deductible	Total Cost Share/Copay	Total TRICARE Payment	Interest Payment	Check Amount
40.29	.00	.00	40.29	.00	.00	12.00	28.29	.00	28.20

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FIG. 5

Source to Table Mapping

121 Table Name	122 Column Name	123 Data Type	124 Source	120 125 Source Field Name
Claim HDR	Patient Name	Varchar2	K600	pat_First_Name+pat_Middle_Initial+pat_Last_Name
Claim HDR	Address	Varchar2	K600	**pat_street_address, pat_city, pat_state, pat_zip**
Claim HDR	Phone #	Varchar2	K600	**pat_prim_Area_cd+pat_prim_phone_Nbr**
Claim HDR	Date of Birth	Varchar2	K600	**pat_birth_dttm**
Claim HDR	Sex	Varchar2	K600	**pat_sex_cd**

FIG. 6

Screen to Table Mapping

131 Use Case	132 Screen Name	133 Screen Component	134 Table	130 / 135 PARS Field Name
IPCS	Claim Transaction Detail	Patient Name	Claim_Hdr	**pat_First_Name+pat_Middle_Initial+pat_Last_Name**
IPCS	Claim Transaction Detail	Address	Claim_Hdr	**pat_street_address, pat_city, pat_state, pat_zip**
IPCS	Claim Transaction Detail	Phone #	Claim_Hdr	**pat_prim_Area_cd+pat_prim_phone_Nbr**
IPCS	Claim Transaction Detail	Date Of Birth	Claim_Hdr	**pat_birth_dttm**
IPCS	Claim Transaction Detail	Sex	Claim_Hdr	**pat_sex_cd**

FIG. 7

150

Walgreens | Pharmacy Accounts Receivables System | Double click here to expand or contract the f

151

Manually Add Other Deposits | Search For Deposits | Backout a Day's Electronic Deposit Date

Current Date: 03/15/2002

Manually Add Other Deposits

Current Entry: Line 1 *(To edit an entry, click its Line number in the Current Batch Entries listed below.)*

Deposit Date	Deposit Amount	Routing Number	Account Number	Deposit ID	Check Date	Remitter ID

Deposit Save | Reset Deposit

Deposit Summary (Running Totals)		Count
Deposit Batch Total:	$0.00	0
Running Total of Deposits Entered:	- $0.00	0
Remaining to be Reconciled:	= $0.00	0

152

Batch Reset | Submit Batch

Current Batch Entries (This session only)

Line #	Deposit Date	Deposit Amount	Routing Number	Account Number	Deposit ID	Check Date	Remitter ID

FIG. 8A

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 12 of 66 (fig. 8A)

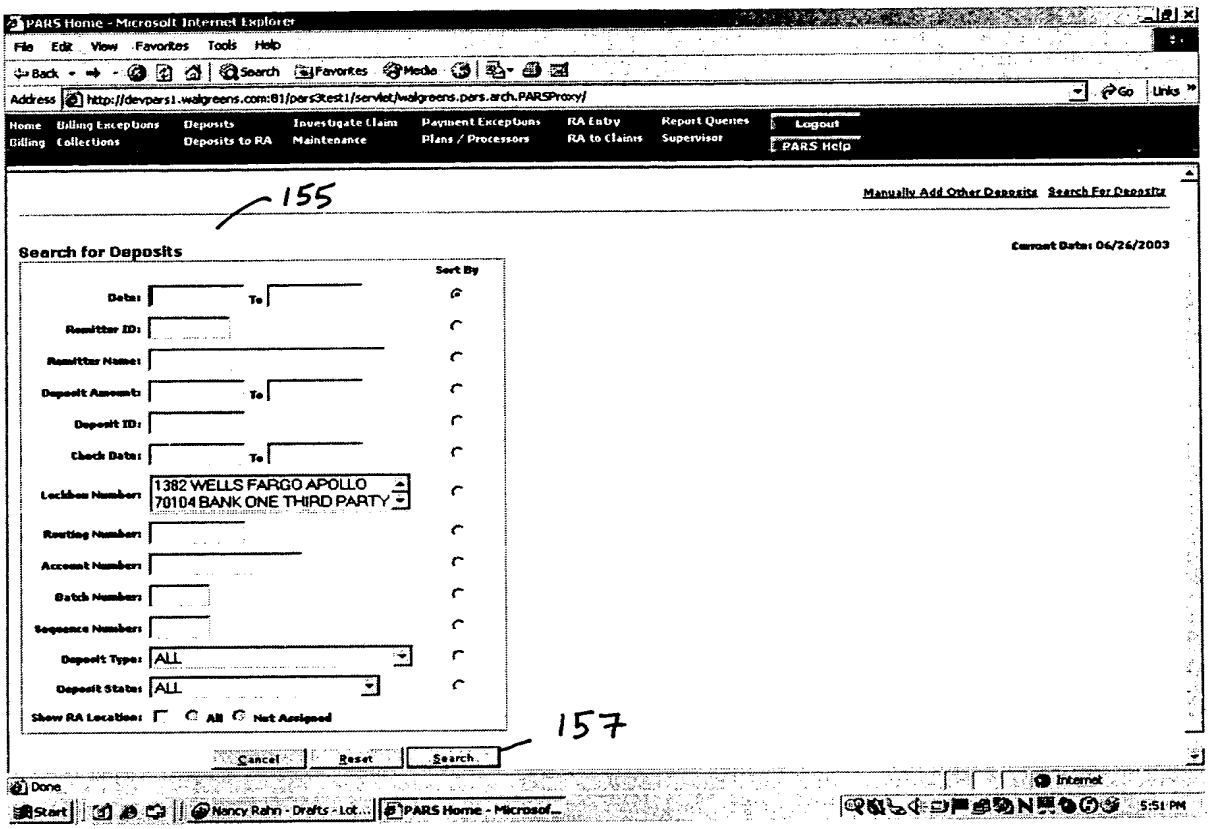

FIG. 8B

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 13 of 66 (fig. 8B)

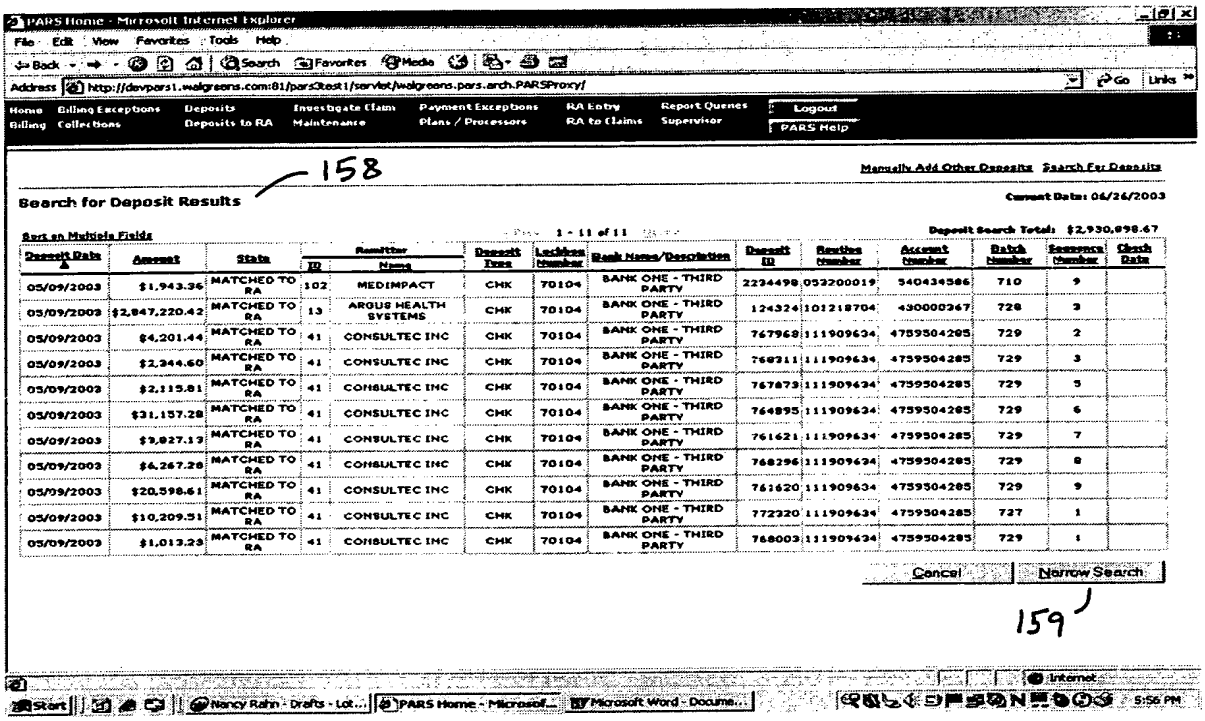

FIG. 8C

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Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 14 of 66 (fig. 8C)

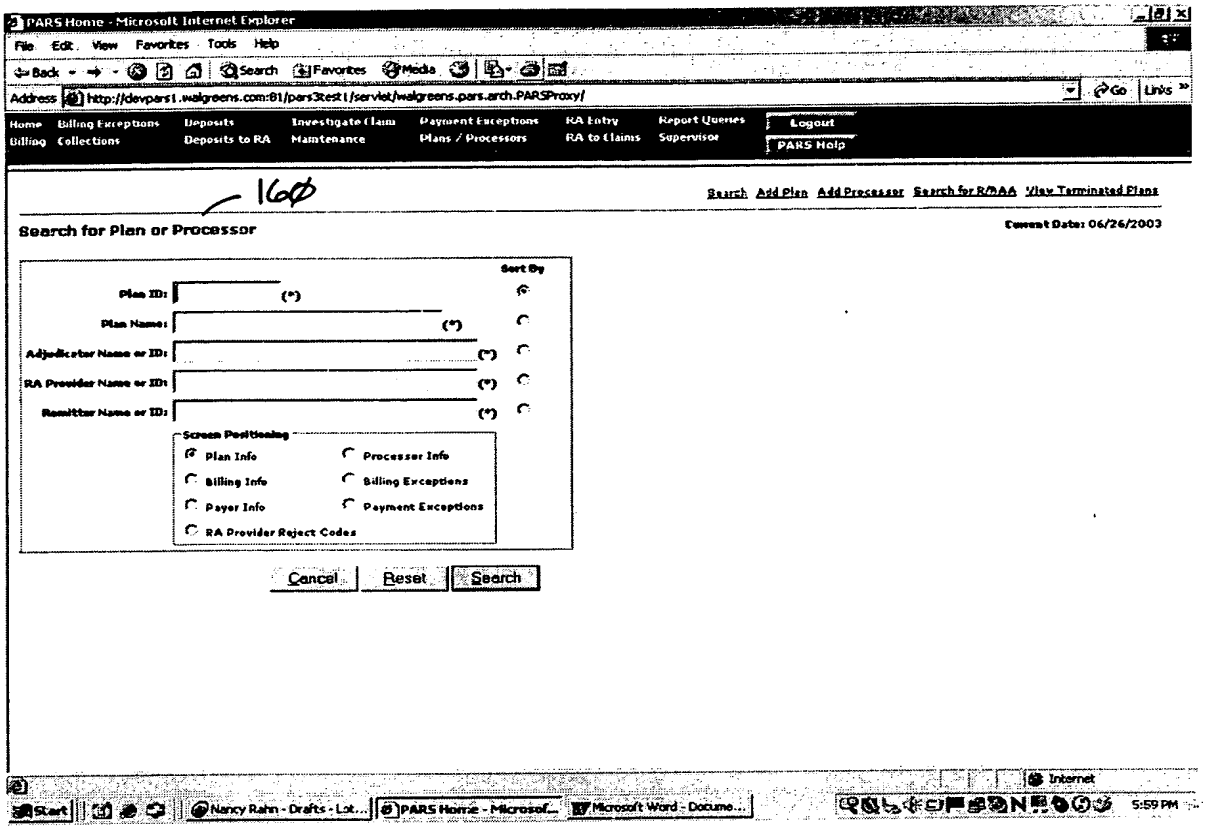


FIG. 9A

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 15 of 66 (fig. 9A)

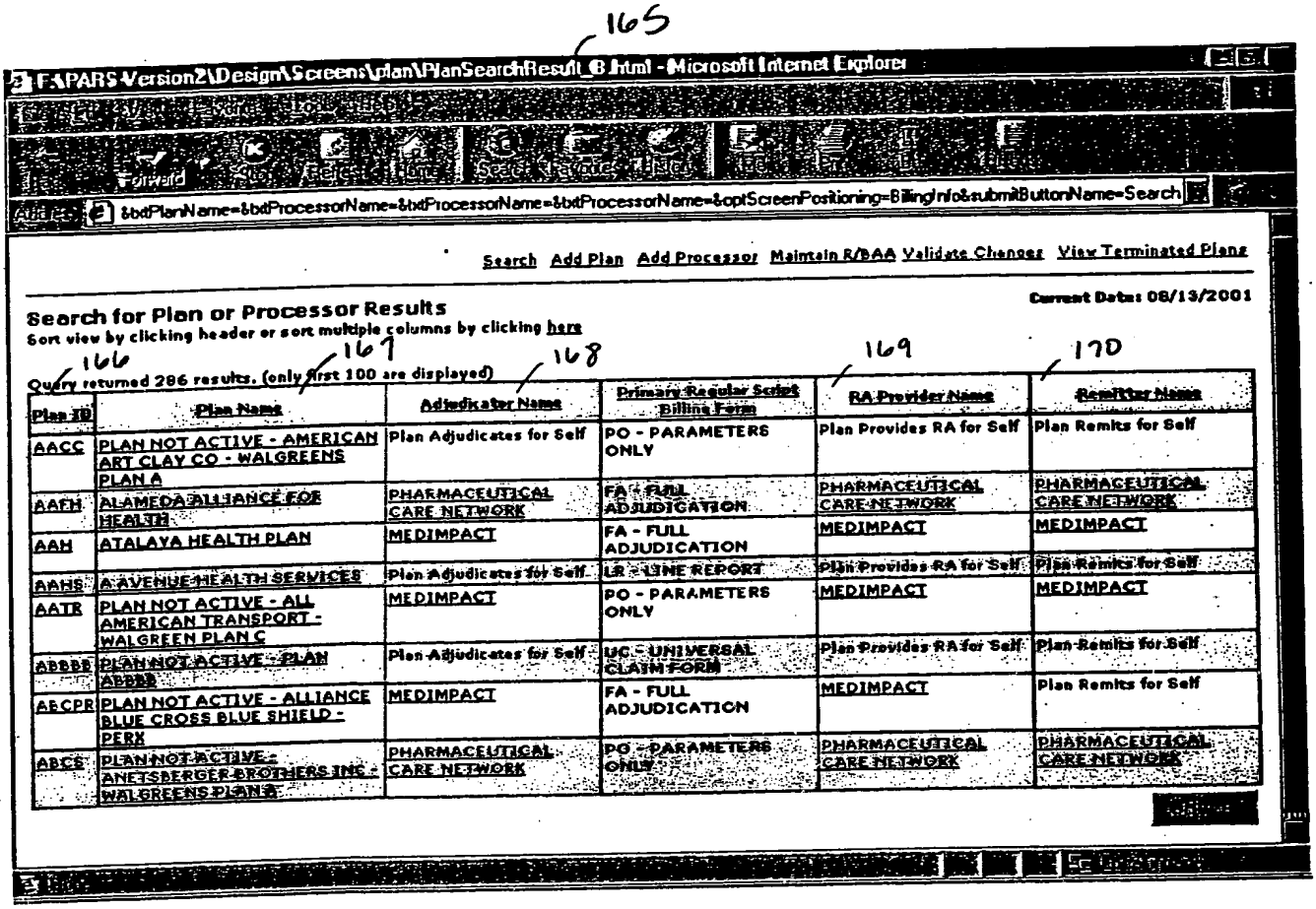
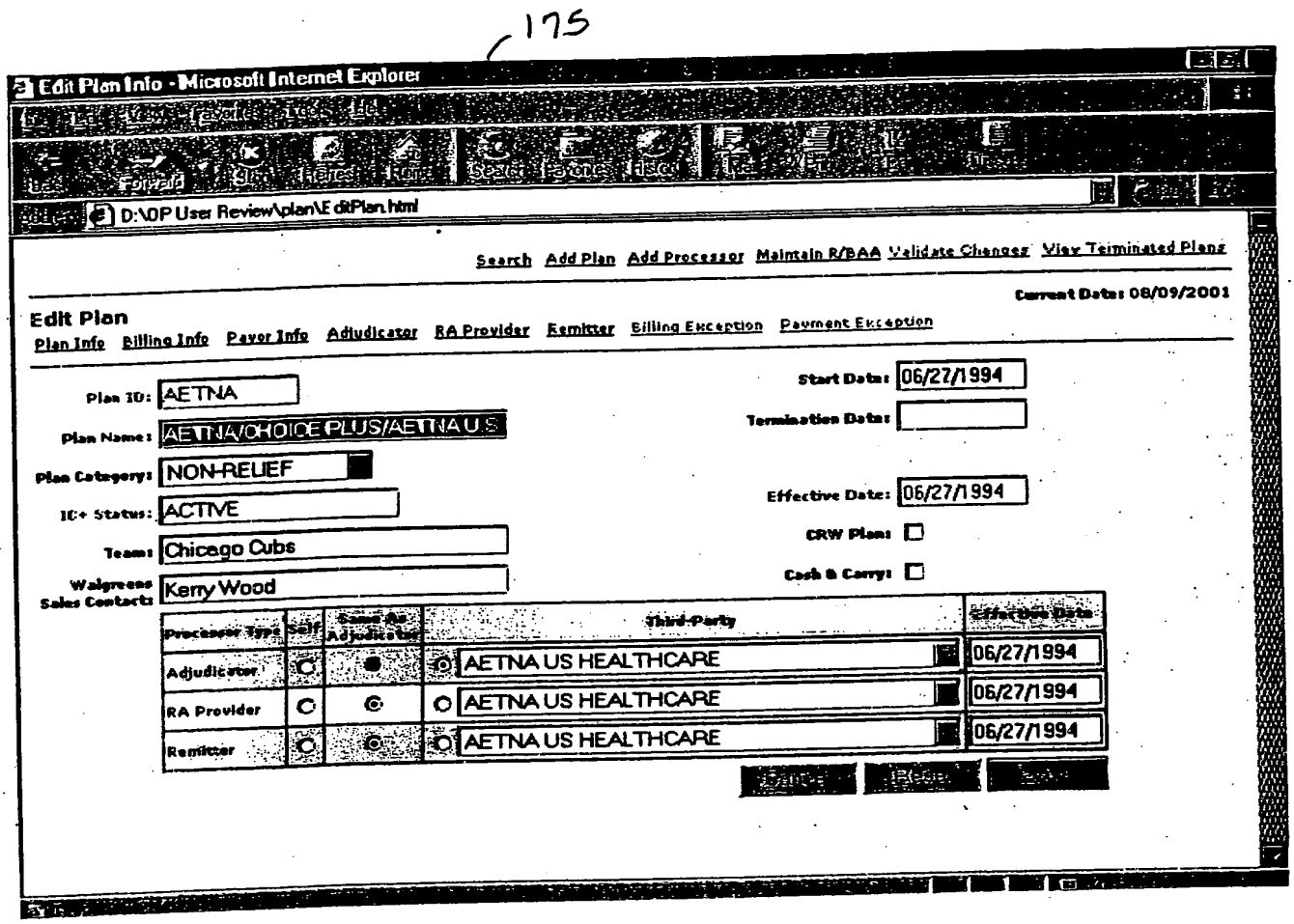

165
F:\PARS Version2\Design\Screens\plan\PlanSearchResult_8.html - Microsoft Internet Explorer
Forward
Search
Favorites
Home
Search
Favorites
History
&txtPlanName=&txtProcessorName=&txtProcessorName=&txtProcessorName=&optScreenPositioning=BillingInfo&submitButtonName=Search
Search Add Plan Add Processor Maintain R/BAA Validate Changes View Terminated Plans
Search for Plan or Processor Results
Current Date: 08/13/2001
Sort view by clicking header or sort multiple columns by clicking here
166
167
168
169
169
170
Query returned 286 results. (only first 100 are displayed)
Plan ID
Plan Name
Adjudicater Name
Primary Regular Script Billing Form
RA Provider Name
Remitter Name
AACC
PLAN NOT ACTIVE - AMERICAN ART CLAY CO - WALGREENS PLAN A
Plan Adjudicates for Self
PO - PARAMETERS ONLY
Plan Provides RA for Self
Plan Remits for Self
AAFH
ALAMEDA ALLIANCE FOR HEALTH
PHARMACEUTICAL CARE NETWORK
FA - FULL ADJUDICATION
PHARMACEUTICAL CARE NETWORK
PHARMACEUTICAL CARE NETWORK
AAH
ATALAYA HEALTH PLAN
MEDIMPACT
FA - FULL ADJUDICATION
MEDIMPACT
MEDIMPACT
AAHS
A AVENUE HEALTH SERVICES
Plan Adjudicates for Self
LR - LINE REPORT
Plan Provides RA for Self
Plan Remits for Self
AATR
PLAN NOT ACTIVE - ALL AMERICAN TRANSPORT - WALGREEN PLAN C
MEDIMPACT
PO - PARAMETERS ONLY
MEDIMPACT
MEDIMPACT
ABBBB
PLAN NOT ACTIVE - PLAN ABBBB
Plan Adjudicates for Self
UC - UNIVERSAL CLAIM FORM
Plan Provides RA for Self
Plan Remits for Self
ABCPR
PLAN NOT ACTIVE - ALLIANCE BLUE CROSS BLUE SHIELD - PERK
MEDIMPACT
FA - FULL ADJUDICATION
MEDIMPACT
Plan Remits for Self
ABCS
PLAN NOT ACTIVE - ANETSBERGER BROTHERS INC - WALGREENS PLAN B
PHARMACEUTICAL CARE NETWORK
PO - PARAMETERS ONLY
PHARMACEUTICAL CARE NETWORK
PHARMACEUTICAL CARE NETWORK

FIG. 9B



Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
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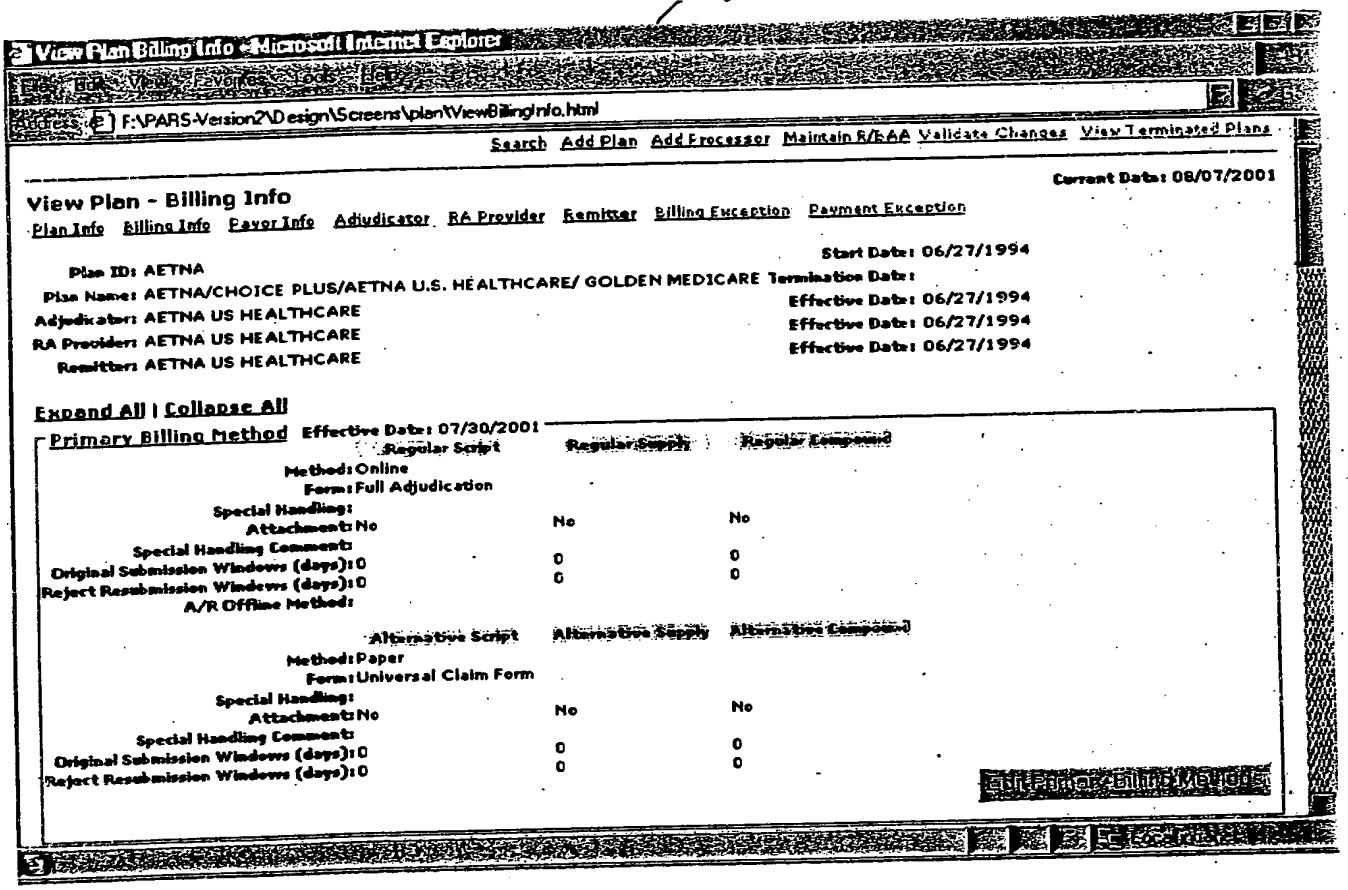
FIG. 9C

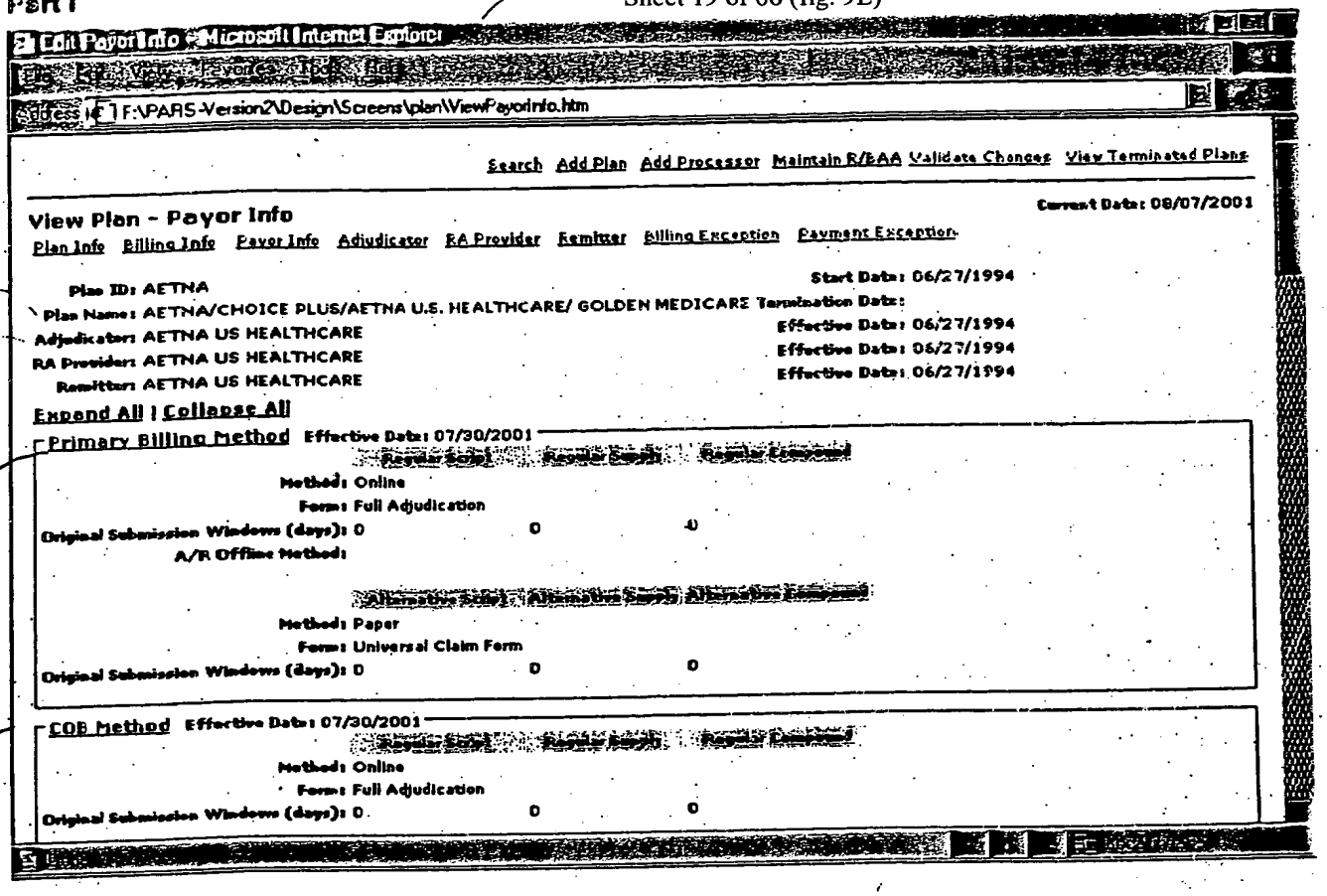
180



Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 18 of 66 (fig. 9D)

FIG. 9D

Part I



Part II

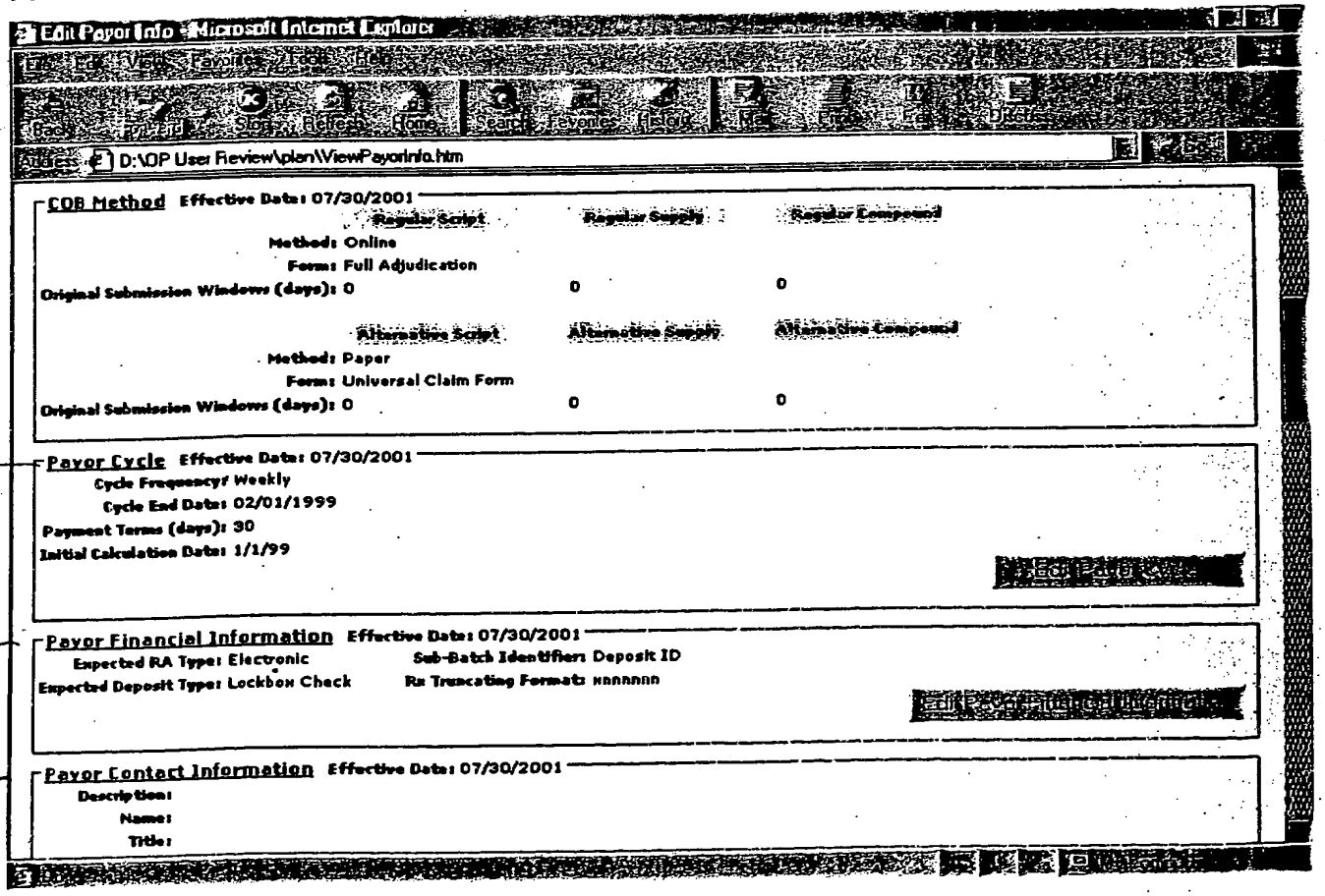


FIG 9E.

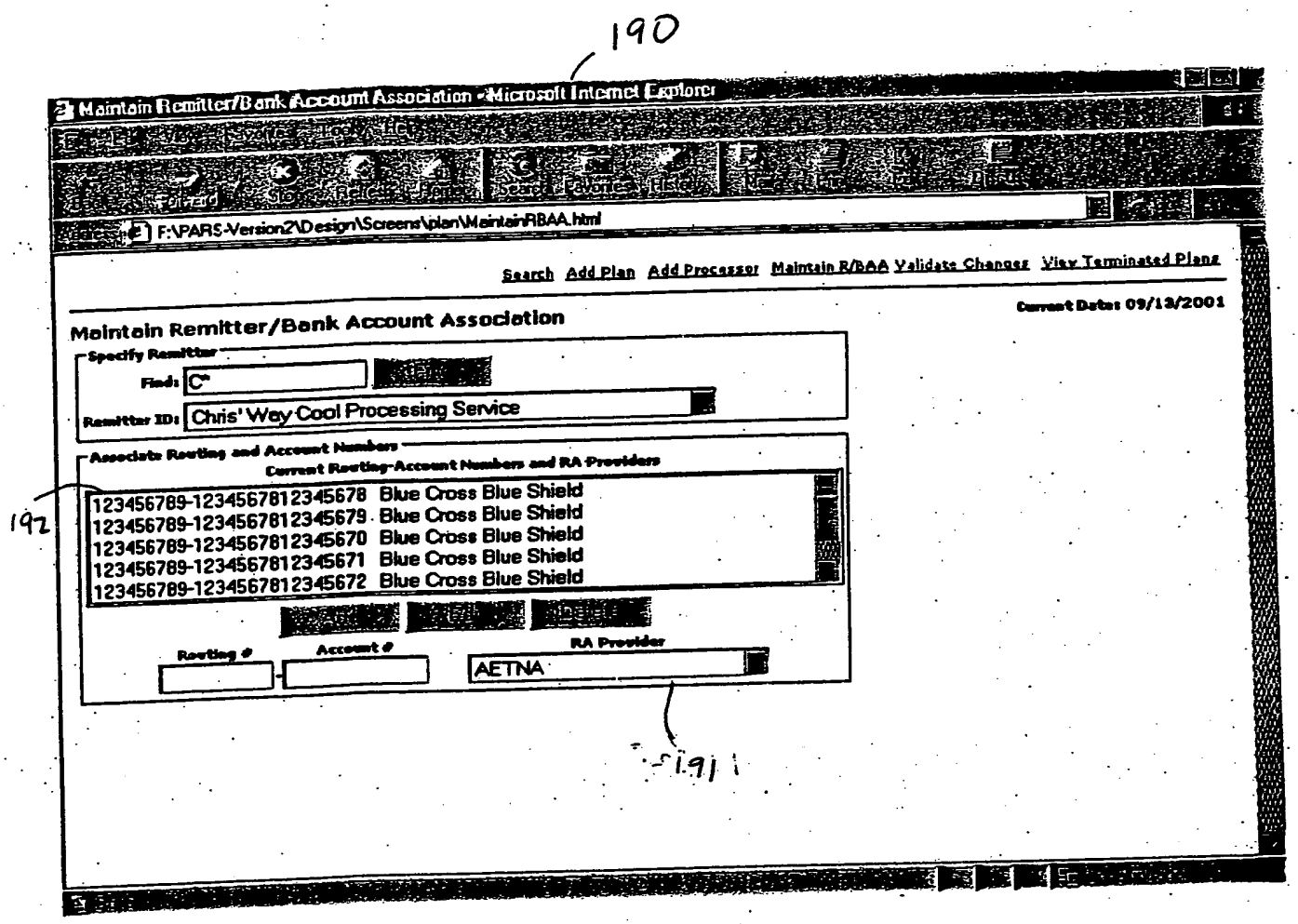

190
Maintain Remitter/Bank Account Association - Microsoft Internet Explorer
F:\PARS-Version2\Design\Screens\plan\MaintainRBAA.html
Search Add Plan Add Processor Maintain R/BAA Validate Changes View Terminated Plans
Maintain Remitter/Bank Account Association
Current Date: 09/13/2001
Specify Remitter
Find: C*
Remitter ID: Chris' Way Cool Processing Service
Associate Routing and Account Numbers
Current Routing-Account Numbers and RA Providers
192
123456789-1234567812345678 Blue Cross Blue Shield
123456789-1234567812345679 Blue Cross Blue Shield
123456789-1234567812345670 Blue Cross Blue Shield
123456789-1234567812345671 Blue Cross Blue Shield
123456789-1234567812345672 Blue Cross Blue Shield
Routing #
Account #
RA Provider
AETNA
191

FIG 9F.

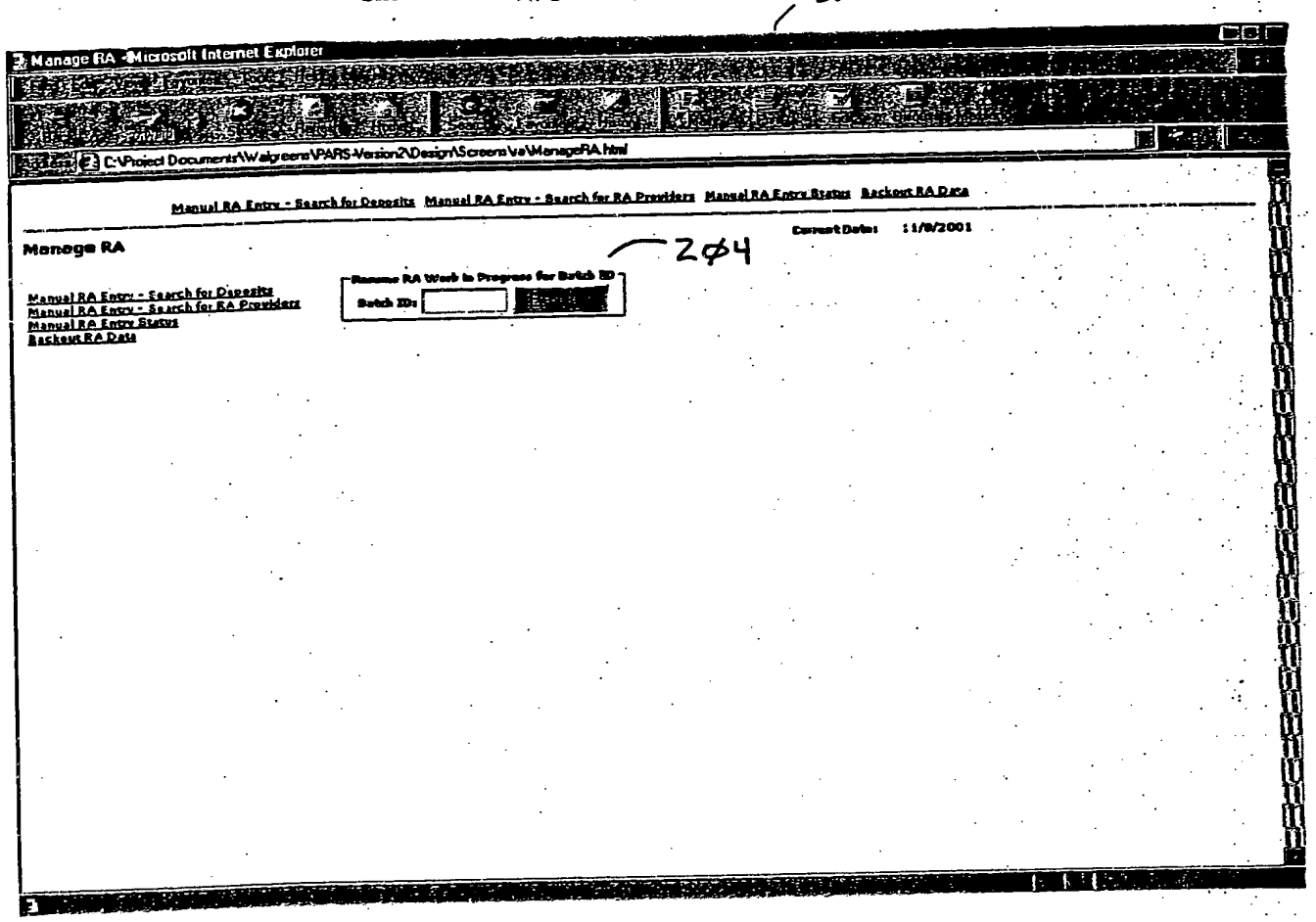

200
Manage RA - Microsoft Internet Explorer
C:\Project Documents\Walgreens\PARS-Version2\Design\Screens\vs\ManageRA.html
Manual RA Entry - Search for Deposits
Manual RA Entry - Search for RA Providers
Manual RA Entry Status
Backout RA Data
Current Date: 11/9/2001
Manage RA
204
Manual RA Entry - Search for Deposits
Manual RA Entry - Search for RA Providers
Manual RA Entry Status
Backout RA Data
Resume RA Work in Progress for Batch ID
Batch ID:

FIG. 10A

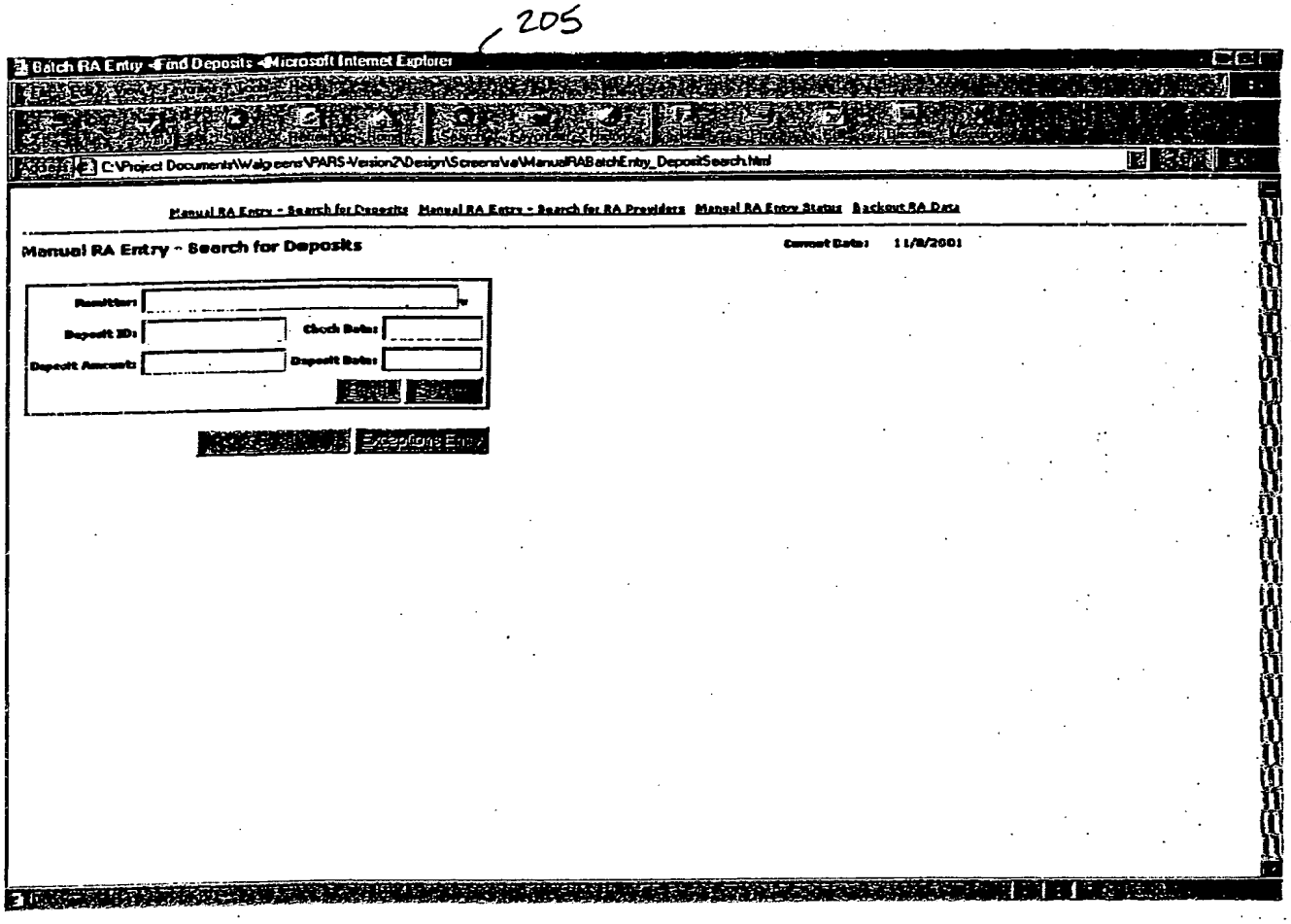

205
Batch RA Entry - Find Deposits - Microsoft Internet Explorer
C:\Project Documents\Walgreens\PARS-Version2\Design\Screens\ra\ManualRABatchEntry_DepositSearch.html
Manual RA Entry - Search for Deposits
Manual RA Entry - Search for RA Providers
Manual RA Entry Status
Backout RA Data
Manual RA Entry - Search for Deposits
Current Date: 11/8/2001
Deposit ID:
Check Date:
Deposit Amount:
Deposit Date:
Exceptions Entry

FIG. 10B

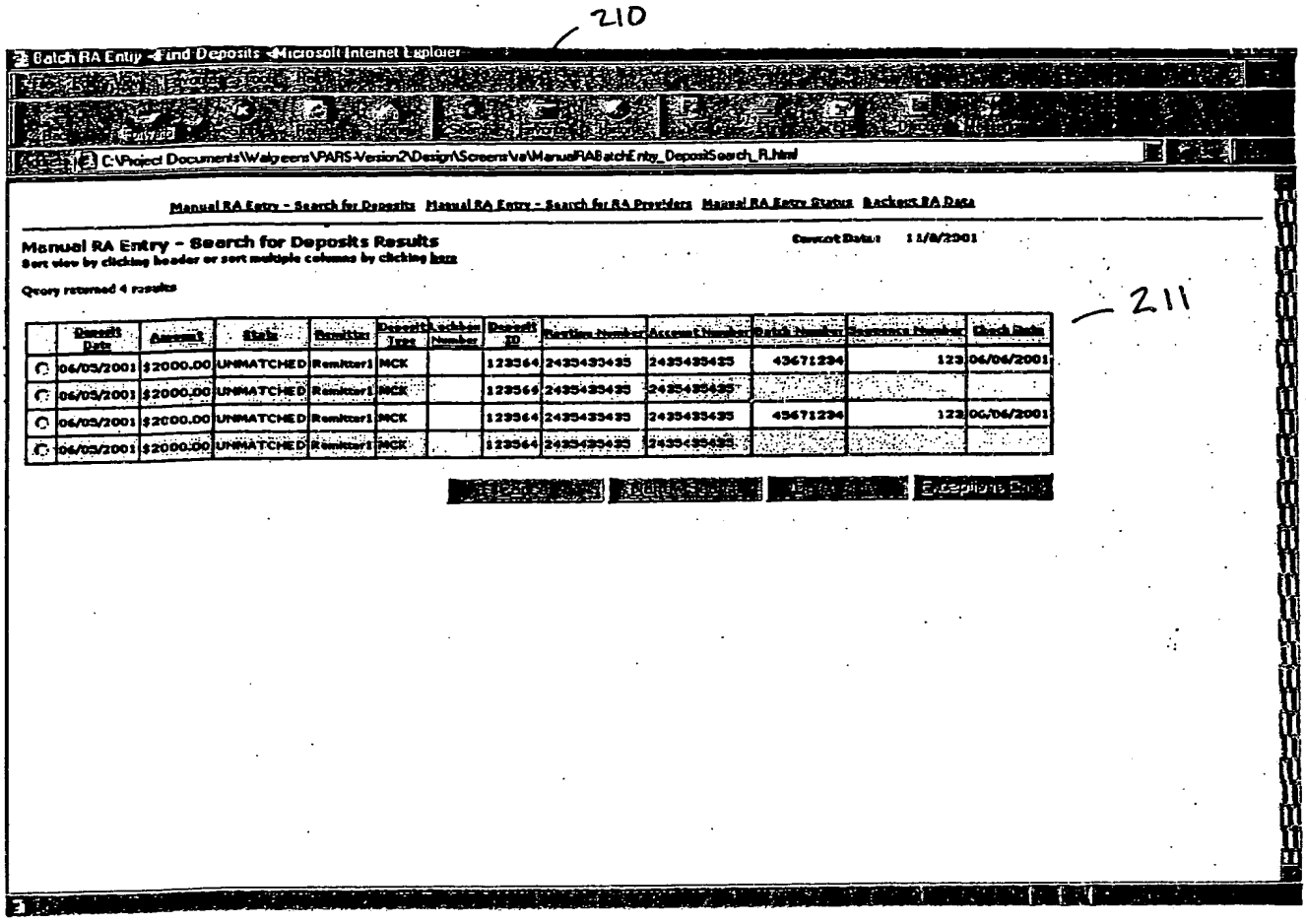
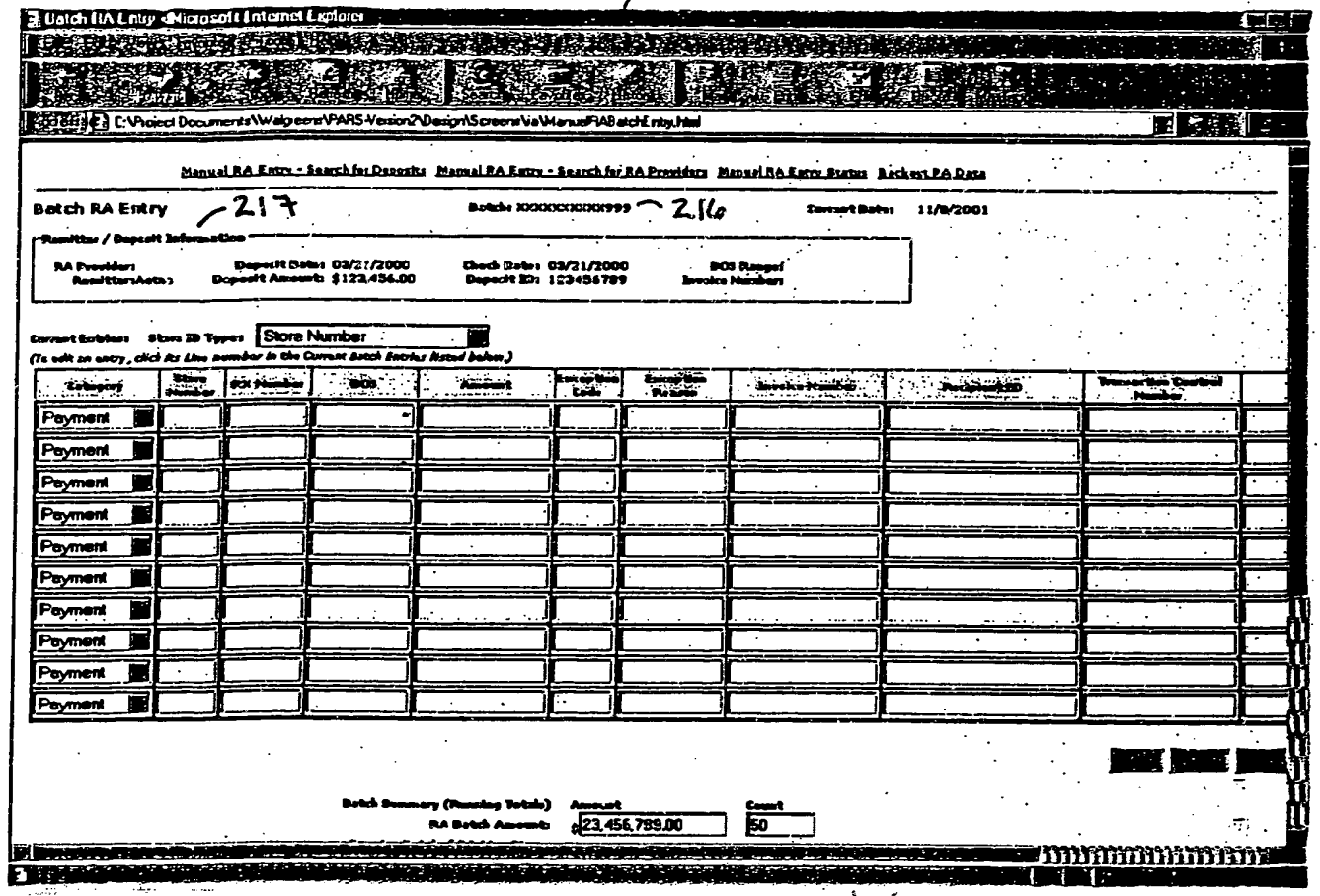

210
Batch RA Entry - Find Deposits - Microsoft Internet Explorer
C:\Project Documents\Walgreens\PARS-Version2\Design\Screens\ie\ManualRABatchEntry_DepositSearch_R.html
Manual RA Entry - Search for Deposits
Manual RA Entry - Search for RA Providers
Manual RA Entry Status
Backout RA Data
Manual RA Entry - Search for Deposits Results
Sort view by clicking header or sort multiple columns by clicking here
Query returned 4 results
211
Deposit Date
Amount
Status
Remitter
Deposit Type
Lockbox Number
Deposit ID
Routing Number
Account Number
Batch Number
Sequence Number
Check Date
06/05/2001 $2000.00 UNMATCHED Remitter1 NCK 123564 2435435435 2435435435 45671234 123 06/06/2001
06/05/2001 $2000.00 UNMATCHED Remitter1 NCK 123564 2435435435 2435435435
06/05/2001 $2000.00 UNMATCHED Remitter1 NCK 123564 2435435435 2435435435 45671234 123 06/06/2001
06/05/2001 $2000.00 UNMATCHED Remitter1 NCK 123564 2435435435 2435435435

FIG. 10C.

215


Batch RA Entry - Microsoft Internet Explorer
C:\Project Documents\Walgreens\PARS-Version2\Design\Screens\ie\ManualRABatchEntry.html
Manual RA Entry - Search for Deposits
Manual RA Entry - Search for RA Providers
Manual RA Entry Status
Backout PA Data
Batch RA Entry
217
Batch: XXXXXXXXXX999
216
Current Date: 11/8/2001
Remittor / Deposit Information
RA Provider:
Remittor/Auto:
Deposit Date: 03/21/2000
Deposit Amount: $123,456.00
Check Date: 03/21/2000
Deposit ID: 123456789
DOS Range:
Invoice Number:
Current Entries
Store ID Type:
Store Number
(To edit an entry, click its Line number in the Current Batch Entries listed below.)
Category
Store Number
DOS Number
DOS
Amount
Exception Code
Exception Reason
Invoice Number
Recipient ID
Transaction Control Number
Payment
Batch Summary (Running Totals)
Amount
Count
RA Batch Amount:
$23,456,789.00
50

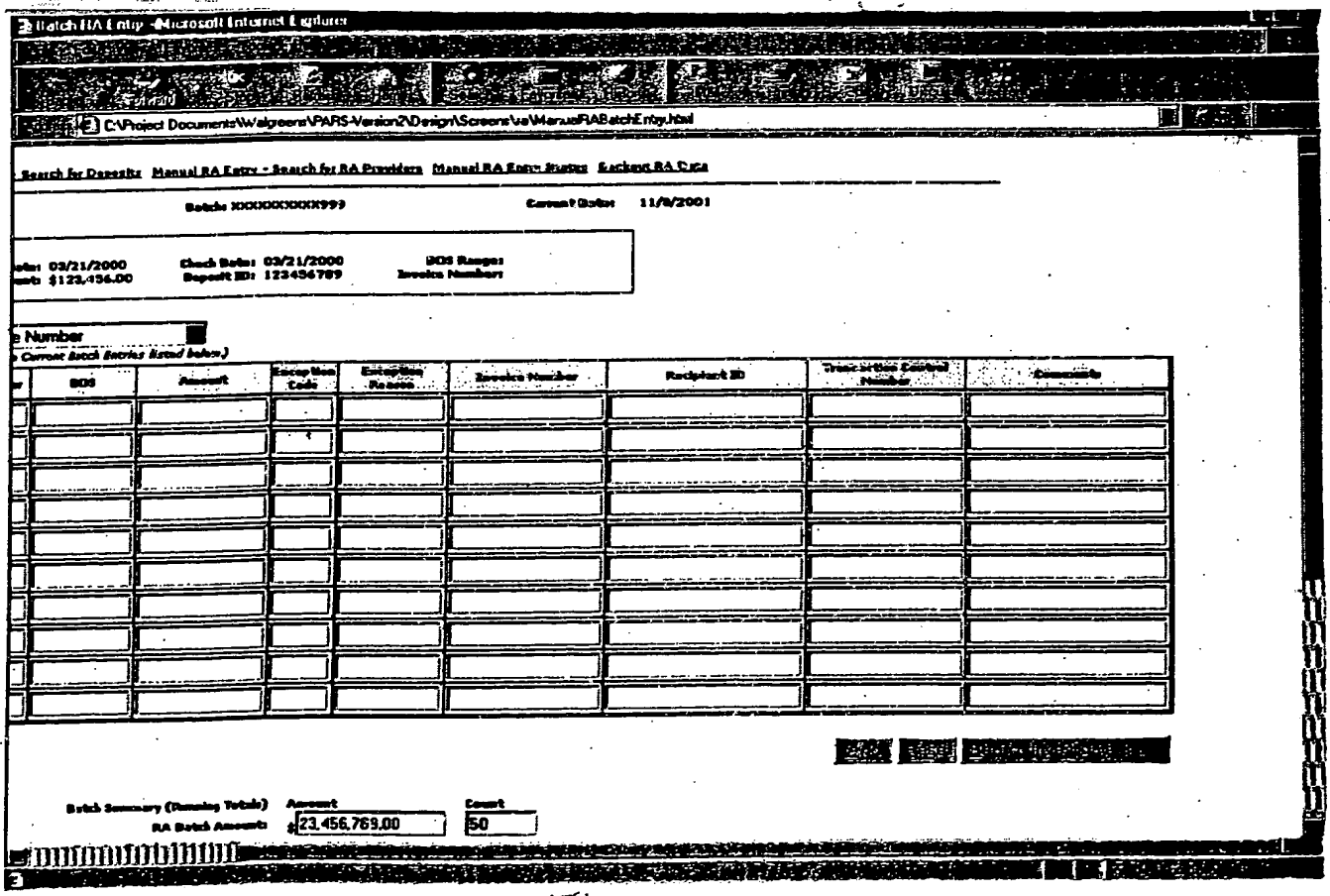

Batch RA Entry - Microsoft Internet Explorer
C:\Project Documents\Walgreens\PARS-Version2\Design\Screens\ie\ManualRABatchEntry.html
Search for Deposits
Manual RA Entry - Search for RA Providers
Manual RA Entry Status
Backout RA Data
Batch: XXXXXXXXXX999
Current Date: 11/8/2001
$123,456.00
Check Date: 03/21/2000
Deposit ID: 123456789
DOS Range:
Invoice Number:
Number
Current Batch Entries listed below.)
DOS
Amount
Exception Code
Exception Reason
Invoice Number
Recipient ID
Transaction Control Number
Comments
Batch Summary (Running Totals)
Amount
Count
RA Batch Amount:
$23,456,789.00
50

FIG 10D

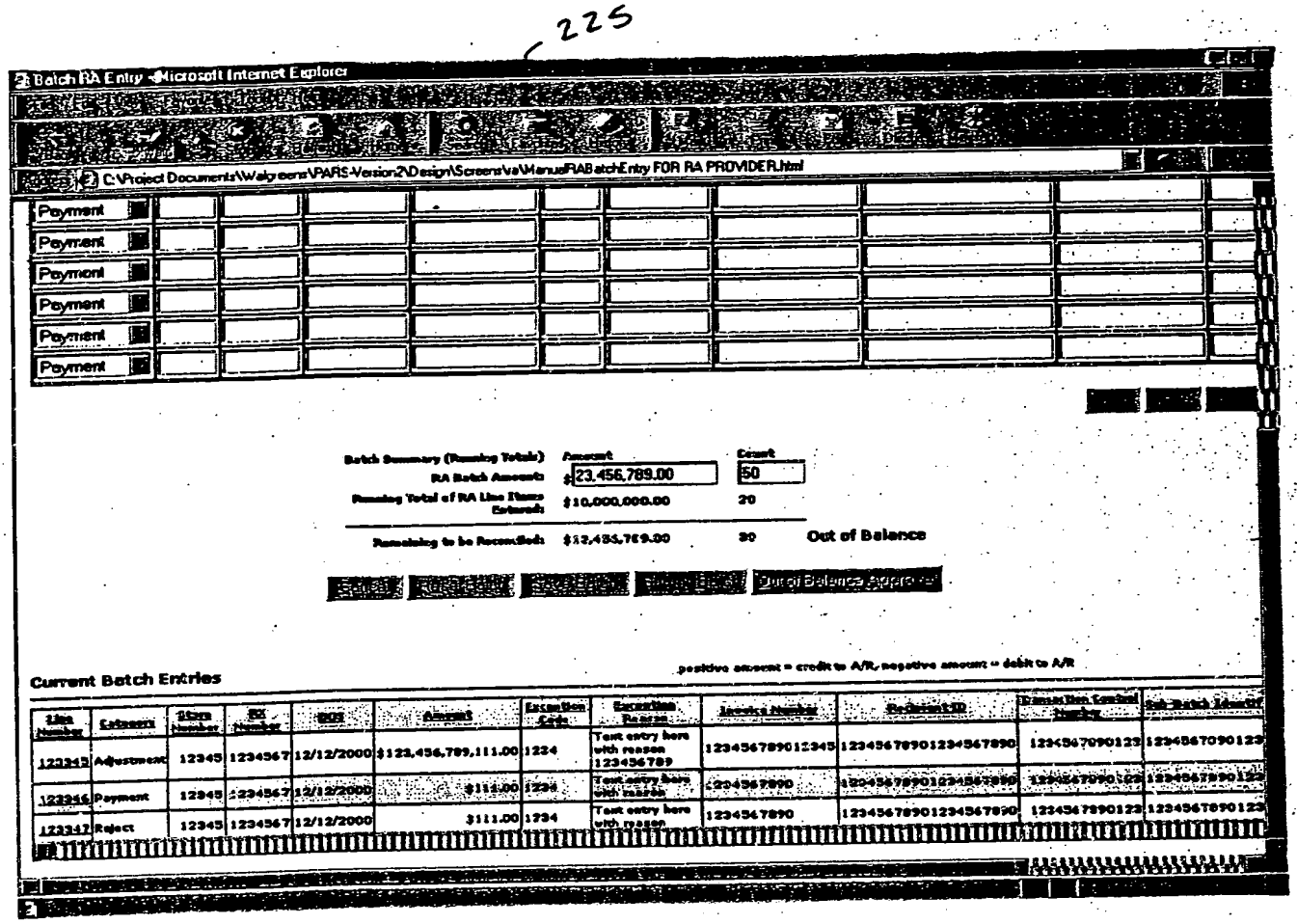

225
Batch RA Entry - Microsoft Internet Explorer
C:\Project Documents\Walgreens\PARS-Version2\Design\Screens\vs\ManualRABatchEntry FOR RA PROVIDER.html
Payment
Payment
Payment
Payment
Payment
Payment
Batch Summary (Running Totals)
Amount
Count
RA Batch Amount:
$23,456,789.00
50
Running Total of RA Line Items Entered:
$10,000,000.00
20
Remaining to be Reconciled:
$12,456,789.00
30
Out of Balance
positive amount = credit to A/R, negative amount = debit to A/R
Current Batch Entries
Line Number
Extension
Store Number
RX Number
DOS
Amount
Exception Code
Exception Reason
Invoice Number
Reference ID
Transaction Control Number
Sub-Batch Identifier
123345
Adjustment
12345
1234567
12/12/2000
$123,456,789,111.00
1234
Text entry here with reason 123456789
123456789012345
12345678901234567890
1234567090123
1234567090123
123346
Payment
12345
1234567
12/12/2000
$111.00
1234
Text entry here with reason
1234567890
12345678901234567890
1234567890123
1234567890123
123347
Reject
12345
1234567
12/12/2000
$111.00
1234
Text entry here with reason
1234567890
12345678901234567890
1234567890123
1234567890123

FIG. 10E

100

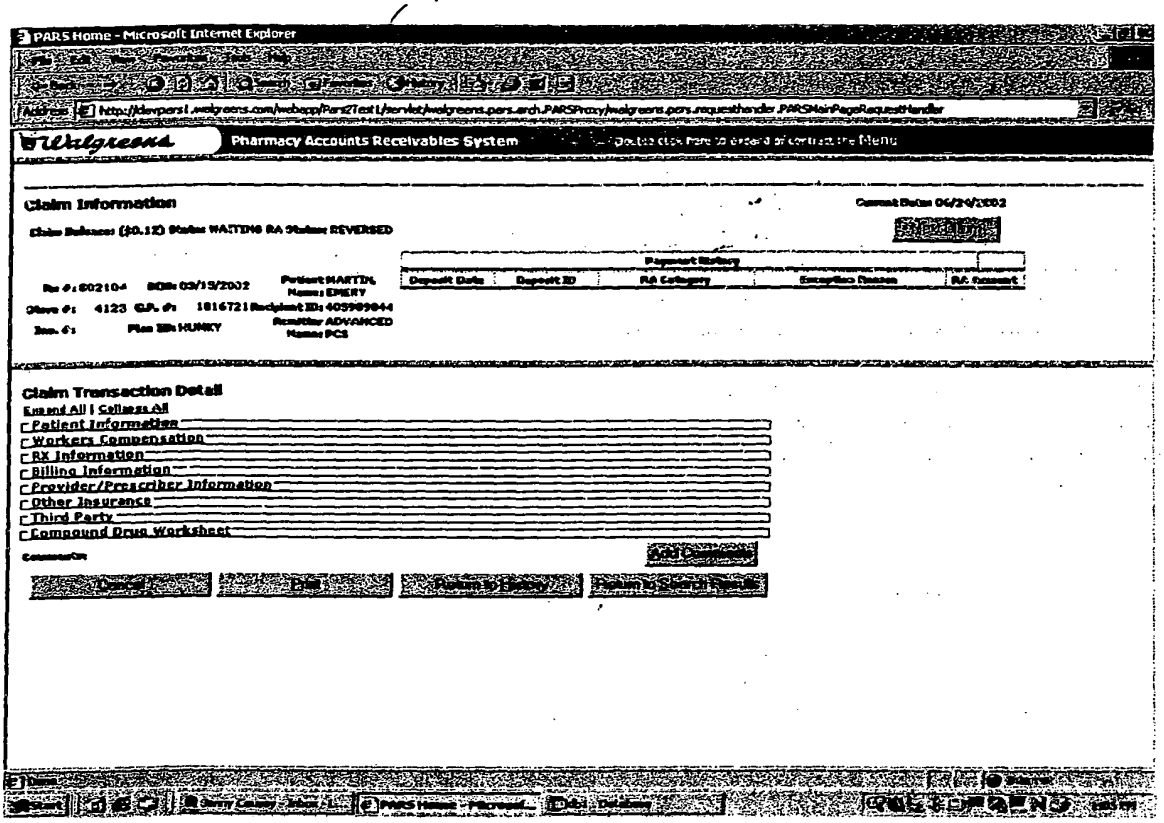

PARS Home - Microsoft Internet Explorer
Walgreens
Pharmacy Accounts Receivables System
Claim Information
Payment History
Deposit Date
Deposit ID
RA Category
Exception Reason
RA Comment
Claim Transaction Detail
Expand All | Collapse All
Patient Information
Workers Compensation
RX Information
Billing Information
Provider/Prescriber Information
Other Insurance
Third Party
Compound Drug Worksheet
Cancel
Done
Return to Query
Return to Search Results

FIG. 10F

Claim Detail 230

Claim Informati n

Current Date: 06/03/2002

Claim Balance: $5.65 **State:** WAITING RA **Status:** ACCEPTED

Next Claim

234

Payment History				
Deposit Date	Deposit ID	RA Category	Exception Reason	RA Amount

Rx #: 124143 **Store #:** 6076 **DOS:** 03/25/2002

General Pharmacy #: 761833 **Invoice #:** **Plan ID:** SCMED

Remitter Name: SOUTH CAROLINA MEDICAID **Recipient ID:** 0102696101 **Patient Name:** PATRICK, ALAN

Claim Transaction Detail 232

Patient Information 234

Patient Name: ALAN PATRICK
Address: 7646 PINEHURST ST NORTH CHARLESTON,SC,29420
Phone #: (843) 225-5407
Group #:
Recipient #: 0102696101
Date of Birth: 05/14/1991
Sex: MALE

Nursing Home: N
Consultation:
Person Code:
Head of Household (HOH): ALAN PATRICK
Relationship to HOH: SELF
Marital Status:
Employment Status:

Workers Compensation 236

Recipient #: **File #:**
Claim #: **Code:**
Original Injury: **Policy #:**
Billing Injury: **Group:**
Carrier Name: **Phone #:**
Address:
Employer Name: **Phone #:**
Address:

RX Information 238

	Original	Billing
Drug Description:	CLONIDINE 0.1MG TABLETS	
Drug Code:	00378015210	
Quantity:	45.00	
Day Supply:	30	0

Plan Claim Reference #: 00000000000
Fill # Dispensed: 2
Fill #: 2
Partial Fill Code:
Associated Fill Date:
Associated Rx Number: 0
Days Supply Intended: 0

Diagnosis Code:
Date RX Written: 01/31/2002 240
DAW Pay Code:
New or Refill Rx: R
Allowed Refill Indicator: N
Unit Dose: 0

Billing Information 242

Address Description:
Billing Address:

	Submitted Basis Code	Submitted	Returned Basis Code	Returned

FIG 10G

Claim Detail

Original A/R Amount: $5.65
Claim Balance $5.65
Billing Method: P
Product Category: 1
Fill Adjudication Code: A
Fill Delete Adjudication Code:
Fill Retail Price Amount: $12.79
EPSDT:
Attachment Indicator: N

(+)Cost:		$9.79	00	$1.60
(+)Dispensing Fee:		$3.00		$4.05
(+)Flat Tax:				
(+)Percent Tax:				
(+)Other Service Amount:				
(+)Incentive Amount:		$0.00	00	$0.00
(-)CoPay:		$0.00		$0.00
(-)Other Payor Amount:		$0.00		
(=)Total:		$12.79		
Patient Attributed Tax(memo):				$0.00
% Sales Tax Basis(memo):				
% Sales Tax Rate(memo):	0.00%		0.00%	
% Plan Tax Exempt:				

Billing Remarks:

Provider/Prescriber Information ~ 244

Prescriber ID: AL2148028
Prescriber Assigned #: 01233820
Prescriber Name: FRANKLIN LEE
Prescriber Type:
Store Provider #: 761833
Store Tax ID: 361924025
Pharmacist License #:

Other Insurance ~ 246

COB:
Other Source Code:
Policy #: 0102696101
Insurance Name:
Other Insurance Carrier Code:
Third Party Liability Code:
Other Coverage Type:
Other Coverage Code:
Other Payor Date:
Other Payor Reject Code:
Medicare Status Code: 0
Resource Code:

Third Party ~ 248

PA Code:
PA #:
RX Denial Override:
Eligibility Override:
DUR Conflict:(1)
DUR Effort Level:(1) 00
DUR Intervention:(1)
DUR Outcome:(1)
Category Service: R
Origin Code:
Visit Code: 0
(2) (3)
(2) 00 (3) 00
(2) (3)
(2) (3)

Compound Drug Worksheet ~ 250

Compound Drug Name:

Ingredient	Cost/Unit	Quantity	Cost	NDC	Compound RX #
Total Quantity:					
NDC:					

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 28 of 66 (fig. 10H)

FIG 10H

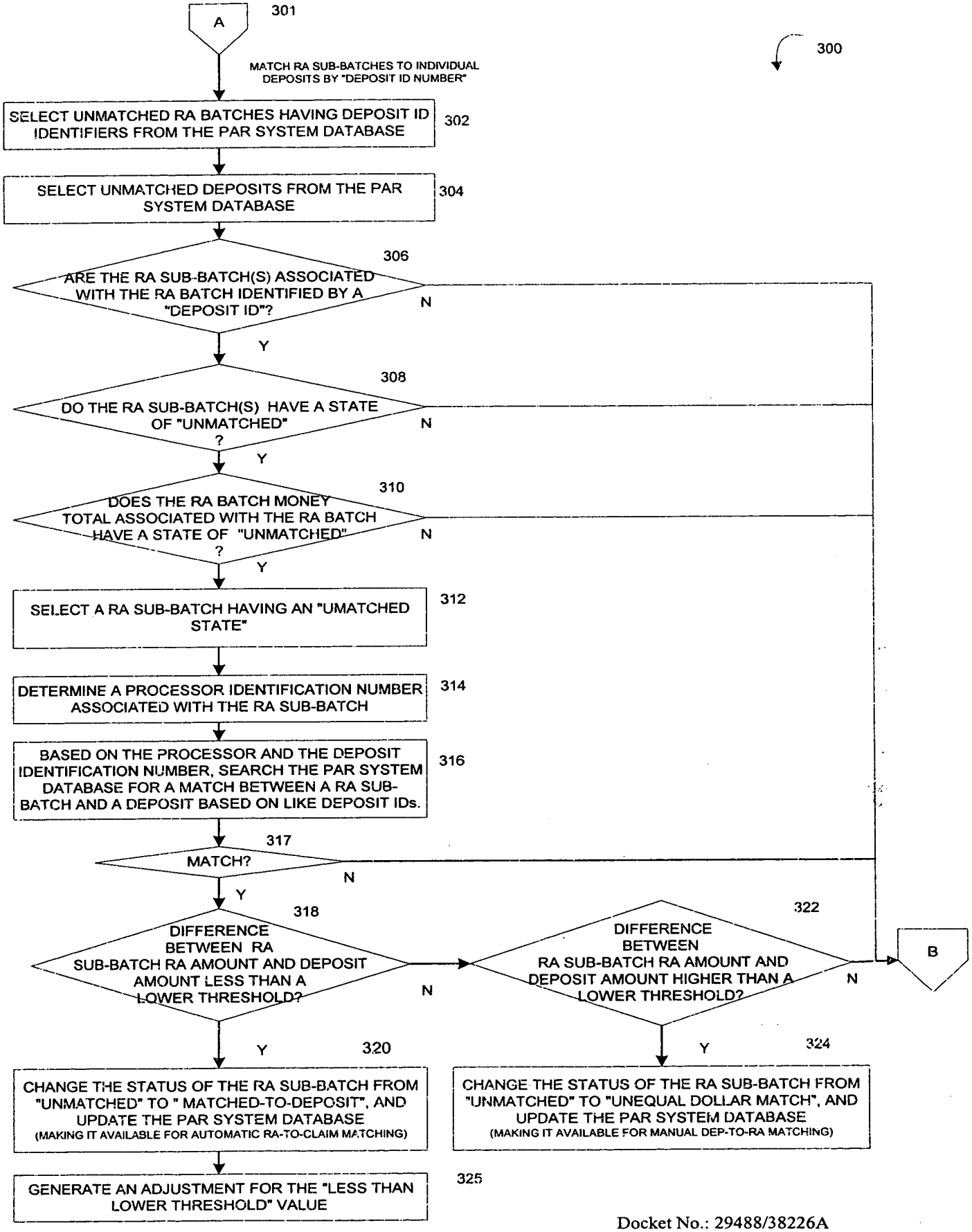


FIG. 11A

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
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Sheet 29 of 66 (fig. 11A)

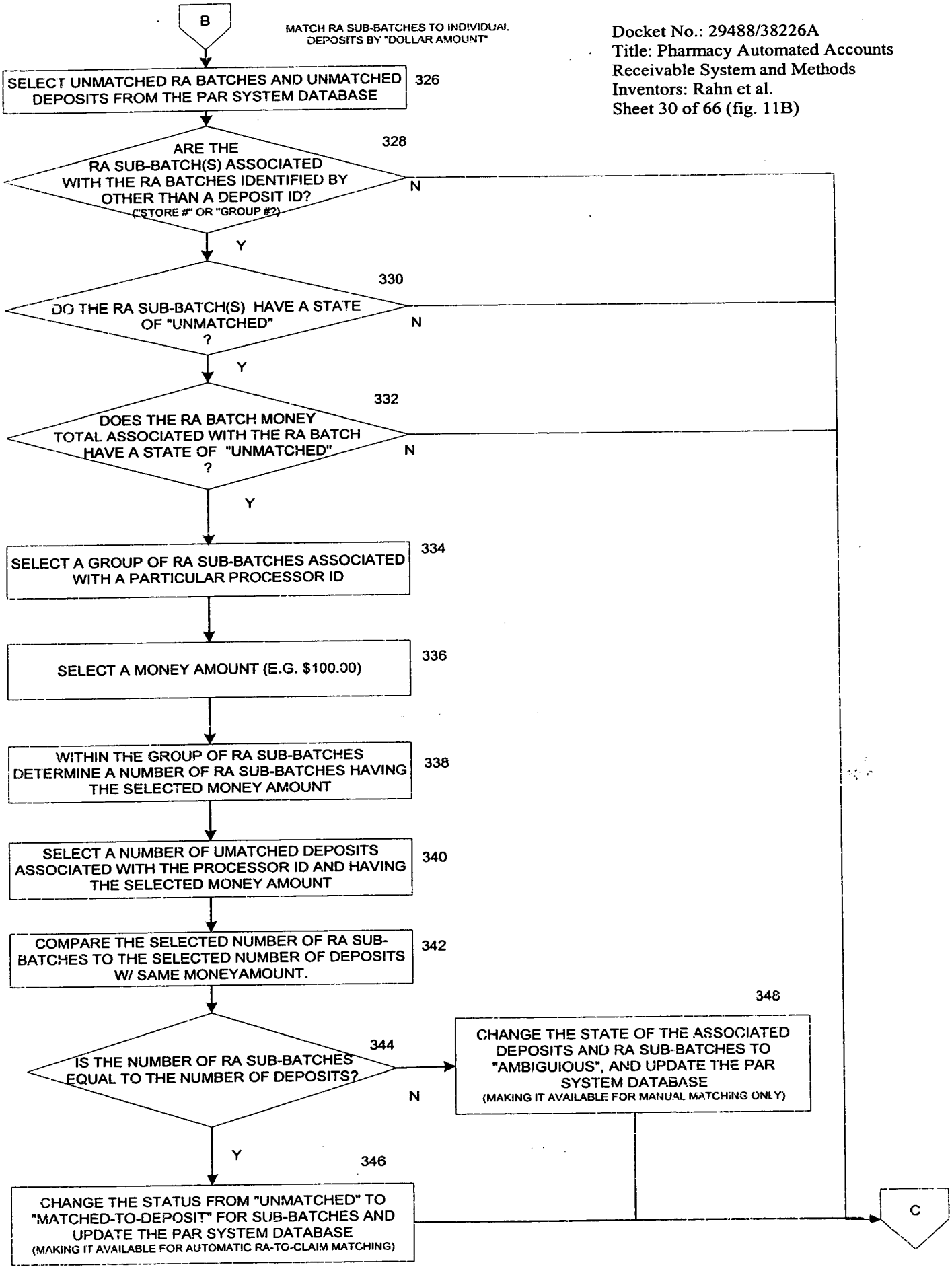
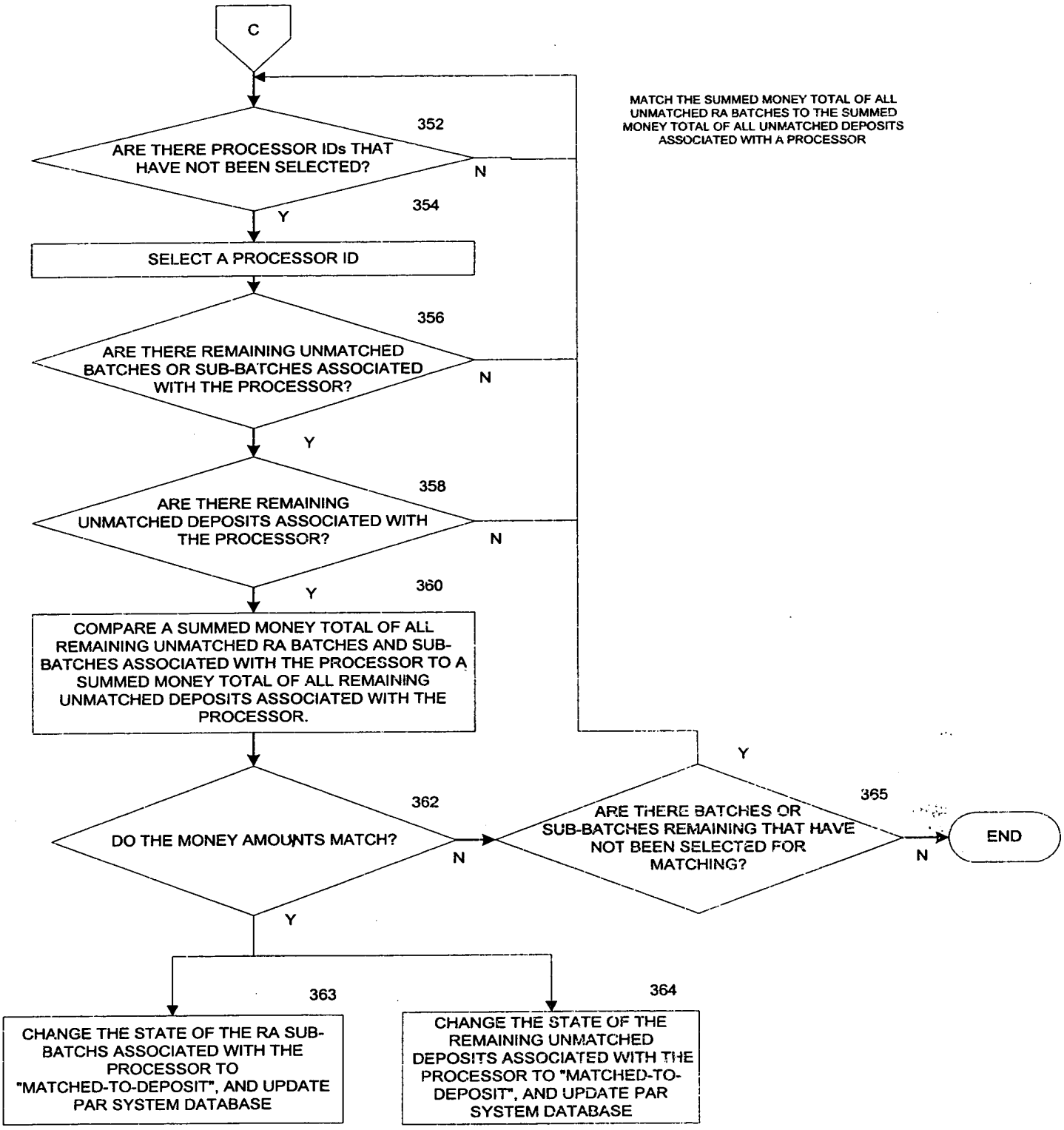

B
MATCH RA SUB-BATCHES TO INDIVIDUAL DEPOSITS BY "DOLLAR AMOUNT"
SELECT UNMATCHED RA BATCHES AND UNMATCHED DEPOSITS FROM THE PAR SYSTEM DATABASE
326
ARE THE RA SUB-BATCH(S) ASSOCIATED WITH THE RA BATCHES IDENTIFIED BY OTHER THAN A DEPOSIT ID? ("STORE #" OR "GROUP #?)
328
N
Y
DO THE RA SUB-BATCH(S) HAVE A STATE OF "UNMATCHED" ?
330
N
Y
DOES THE RA BATCH MONEY TOTAL ASSOCIATED WITH THE RA BATCH HAVE A STATE OF "UNMATCHED" ?
332
N
Y
SELECT A GROUP OF RA SUB-BATCHES ASSOCIATED WITH A PARTICULAR PROCESSOR ID
334
SELECT A MONEY AMOUNT (E.G. $100.00)
336
WITHIN THE GROUP OF RA SUB-BATCHES DETERMINE A NUMBER OF RA SUB-BATCHES HAVING THE SELECTED MONEY AMOUNT
338
SELECT A NUMBER OF UMATCHED DEPOSITS ASSOCIATED WITH THE PROCESSOR ID AND HAVING THE SELECTED MONEY AMOUNT
340
COMPARE THE SELECTED NUMBER OF RA SUB-BATCHES TO THE SELECTED NUMBER OF DEPOSITS W/ SAME MONEYAMOUNT.
342
IS THE NUMBER OF RA SUB-BATCHES EQUAL TO THE NUMBER OF DEPOSITS?
344
N
348
CHANGE THE STATE OF THE ASSOCIATED DEPOSITS AND RA SUB-BATCHES TO "AMBIGUIOUS", AND UPDATE THE PAR SYSTEM DATABASE
(MAKING IT AVAILABLE FOR MANUAL MATCHING ONLY)
Y
346
CHANGE THE STATUS FROM "UNMATCHED" TO "MATCHED-TO-DEPOSIT" FOR SUB-BATCHES AND UPDATE THE PAR SYSTEM DATABASE
(MAKING IT AVAILABLE FOR AUTOMATIC RA-TO-CLAIM MATCHING)
C

FIG. 11B



Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 31 of 66 (fig. 11C)

FIG. 11C

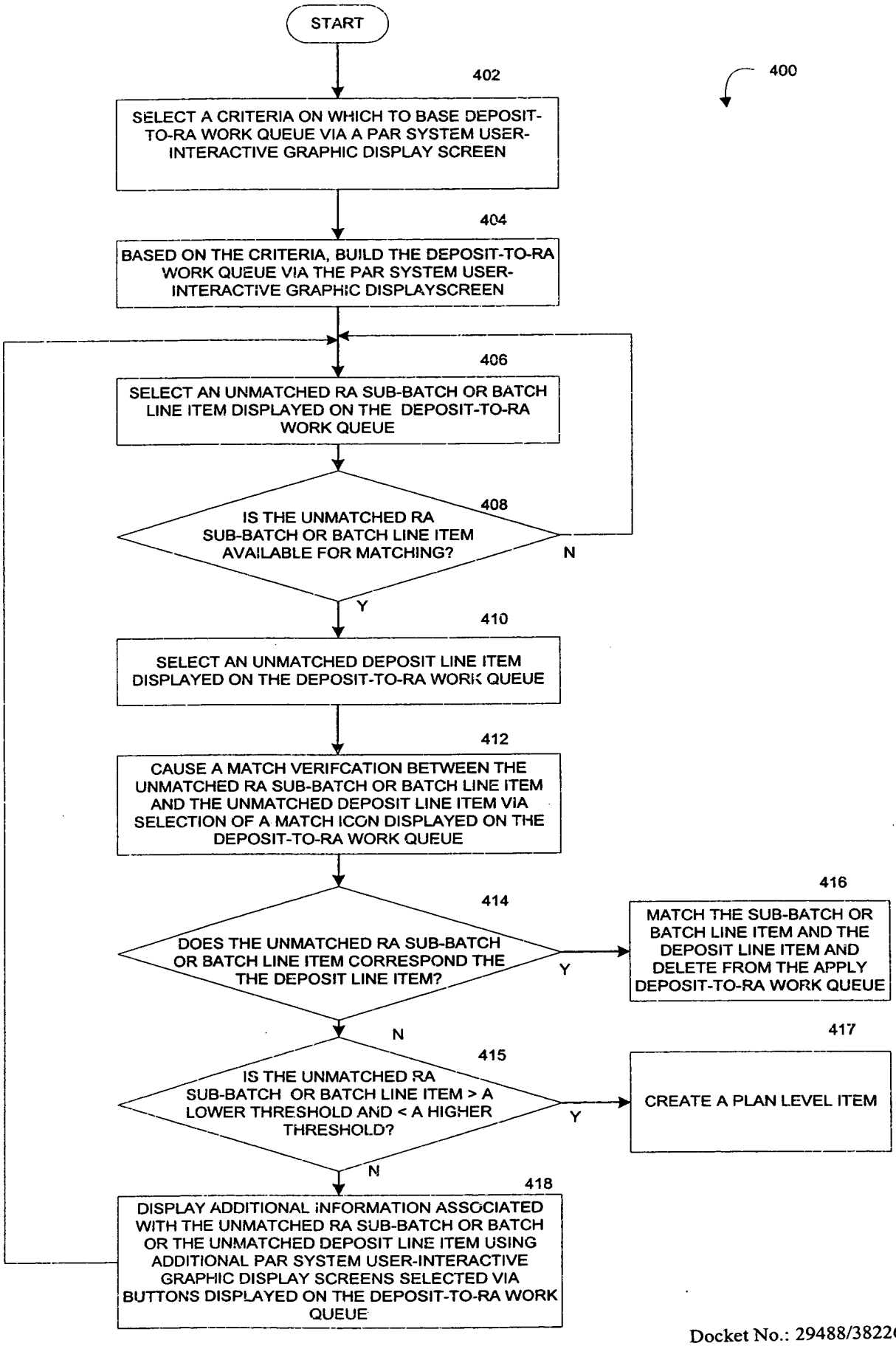


FIG. 12

Docket No.: 29488/38226A
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Sheet 32 of 66 (fig. 12)

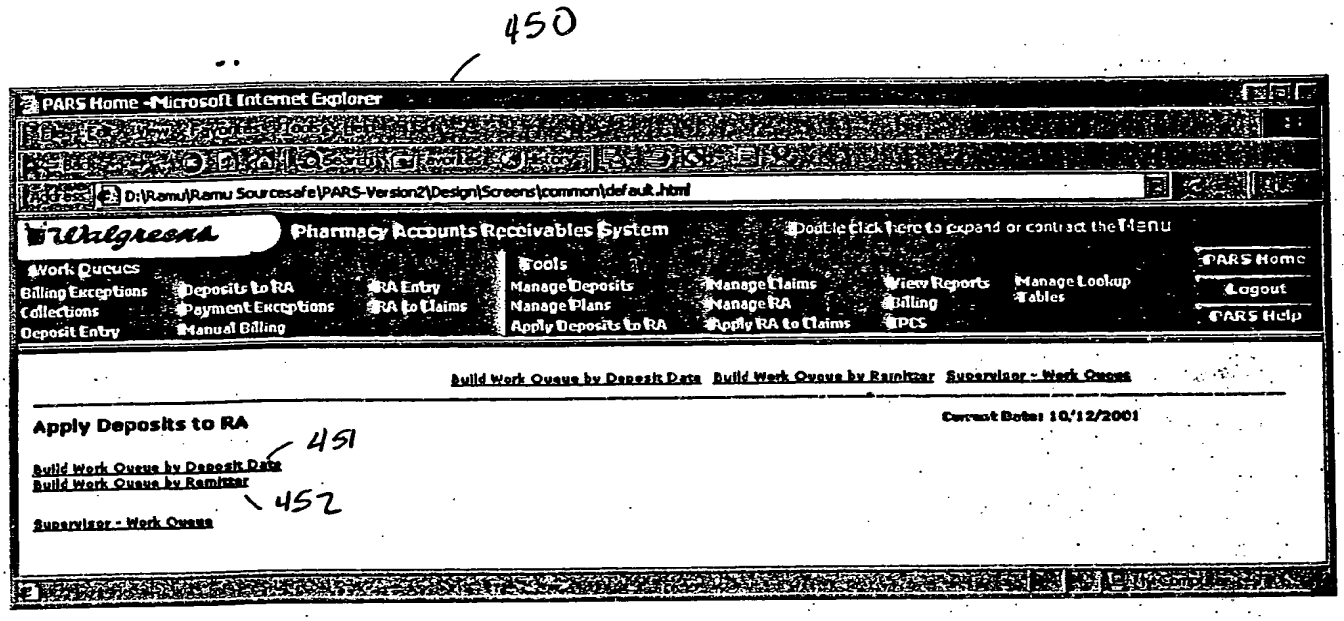

450
PARS Home - Microsoft Internet Explorer
D:\Ramu\Ramu Sourcesafe\PARS-Version2\Design\Screens\common\default.html
Walgreens
Pharmacy Accounts Receivables System
Double Click here to expand or contract the Menu
Work Queues
Billing Exceptions
Collections
Deposit Entry
Deposits to RA
Payment Exceptions
Manual Billing
RA Entry
RA to Claims
Tools
Manage Deposits
Manage Plans
Apply Deposits to RA
Manage Claims
Manage RA
Apply RA to Claims
View Reports
Billing
PCS
Manage Lookup Tables
PARS Home
Logout
PARS Help
Build Work Queue by Deposit Date
Build Work Queue by Remitter
Supervisor - Work Queue
Apply Deposits to RA
Current Date: 10/12/2001
451
Build Work Queue by Deposit Date
Build Work Queue by Remitter
452
Supervisor - Work Queue

FIG. 13A

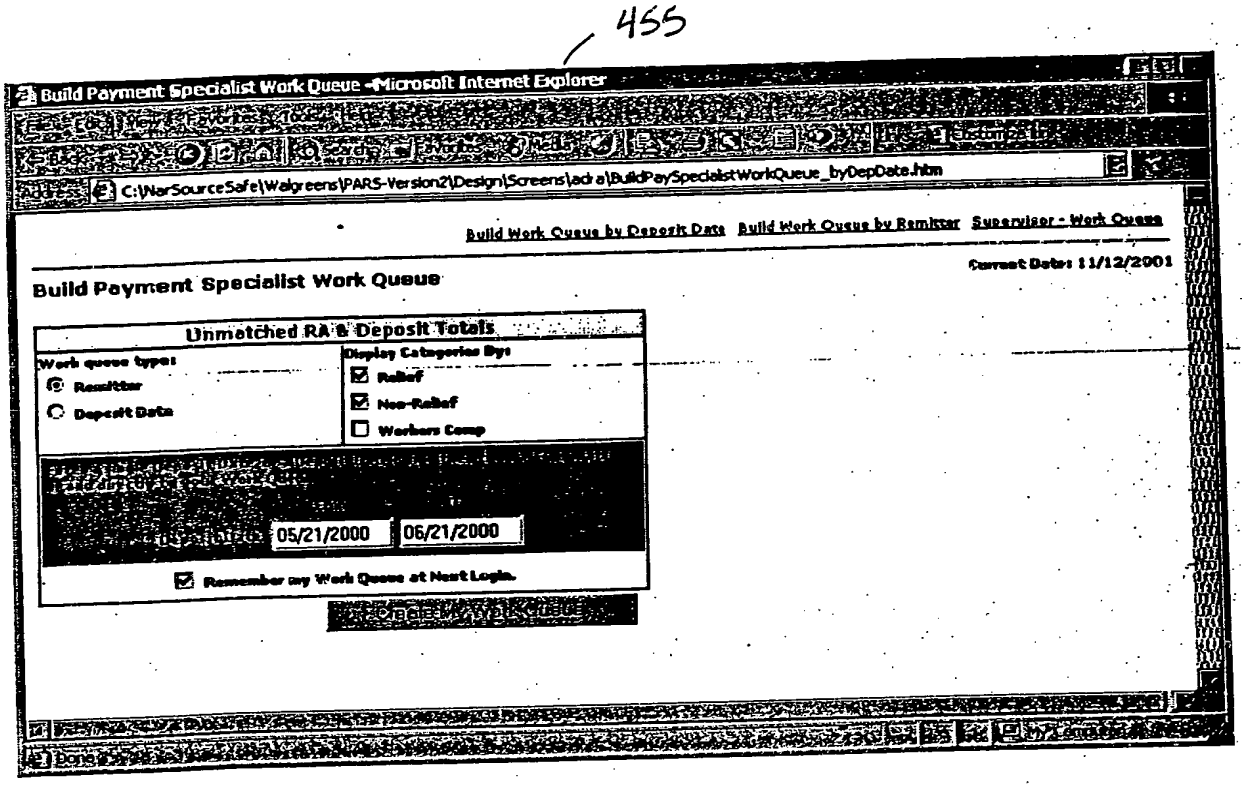

455
Build Payment Specialist Work Queue - Microsoft Internet Explorer
C:\NarSourceSafe\Walgreens\PARS-Version2\Design\Screens\adra\BuildPaySpecialistWorkQueue_byDepDate.htm
Build Work Queue by Deposit Date
Build Work Queue by Remitter
Supervisor - Work Queue
Build Payment Specialist Work Queue
Current Date: 11/12/2001
Unmatched RA & Deposit Totals
Work queue type:
Remitter
Deposit Date
Display Categories By:
Relief
Non-Relief
Workers Comp
05/21/2000
06/21/2000
Remember my Work Queue at Next Login.

FIG. 13B

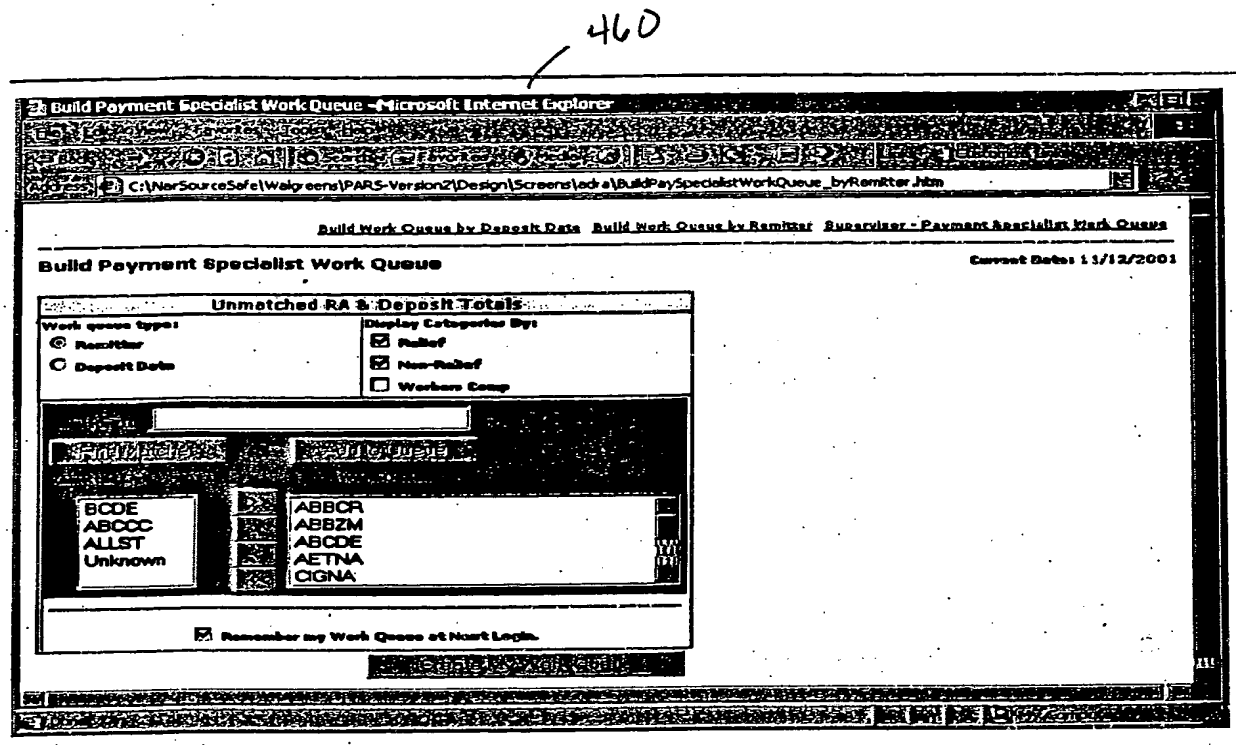

460
Build Payment Specialist Work Queue - Microsoft Internet Explorer
C:\NerSourceSafe\Walgreens\PARS-Version2\Design\Screens\adra\BuildPaySpecialistWorkQueue_byRemitter.htm
Build Work Queue by Deposit Date
Build Work Queue by Remitter
Supervisor - Payment Specialist Work Queue
Build Payment Specialist Work Queue
Current Date: 11/12/2001
Unmatched RA & Deposit Totals
Work queue type:
Remitter
Deposit Date
Display Categories By:
Relief
Non-Relief
Workers Comp
BCDE
ABCCC
ALLST
Unknown
ABBCR
ABBZM
ABCDE
AETNA
CIGNA
Remember my Work Queue at Next Login

FIG. 13C

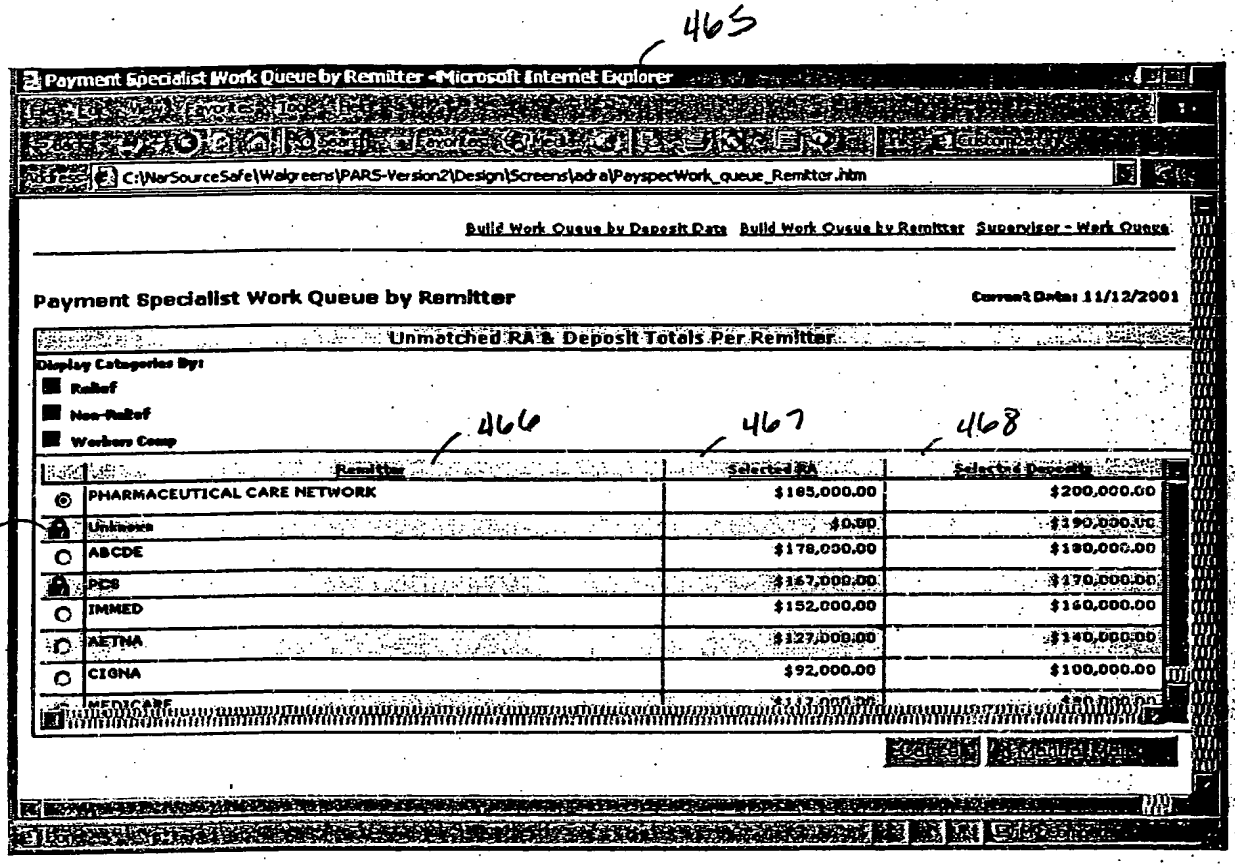

465
Payment Specialist Work Queue by Remitter -Microsoft Internet Explorer
C:\NerSourceSafe\Walgreens\PARS-Version2\Design\Screens\adela\PayspecWork_queue_Remitter.htm
Build Work Queue by Deposit Date
Build Work Queue by Remitter
Supervisor - Work Queue
Payment Specialist Work Queue by Remitter
Current Date: 11/12/2001
Unmatched RA & Deposit Totals Per Remitter
Display Categories By:
Relief
Non-Relief
Workers Comp
466
467
468
469
Remitter
Selected RA
Selected Deposits
PHARMACEUTICAL CARE NETWORK
$185,000.00
$200,000.00
Unknown
$0.00
$190,000.00
ABCDE
$178,000.00
$180,000.00
PCS
$167,000.00
$170,000.00
IMMED
$152,000.00
$160,000.00
AETNA
$127,000.00
$140,000.00
CIGNA
$92,000.00
$100,000.00
MEDICARE
$117,000.00
$80,000.00

FIG. 13D

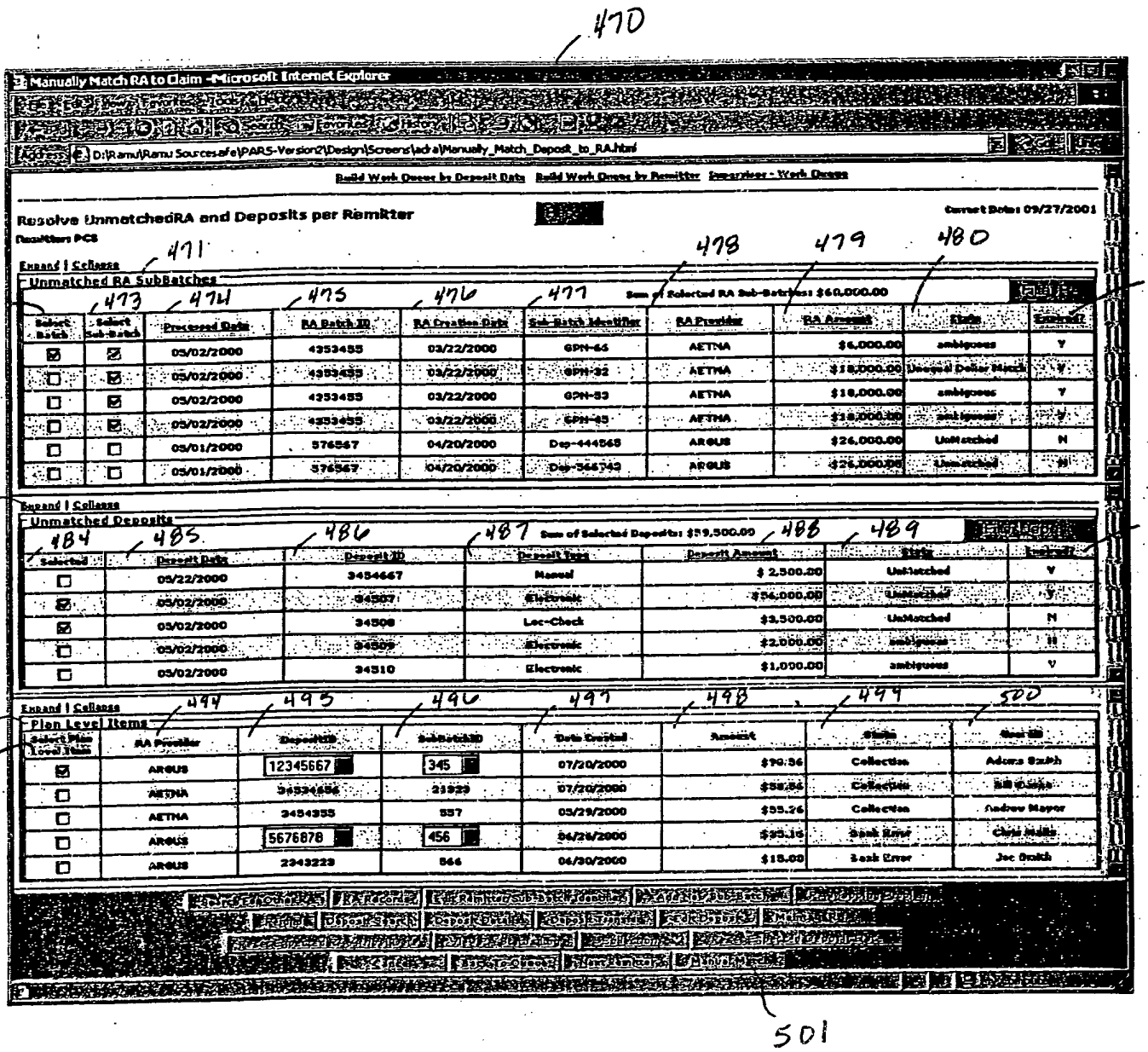
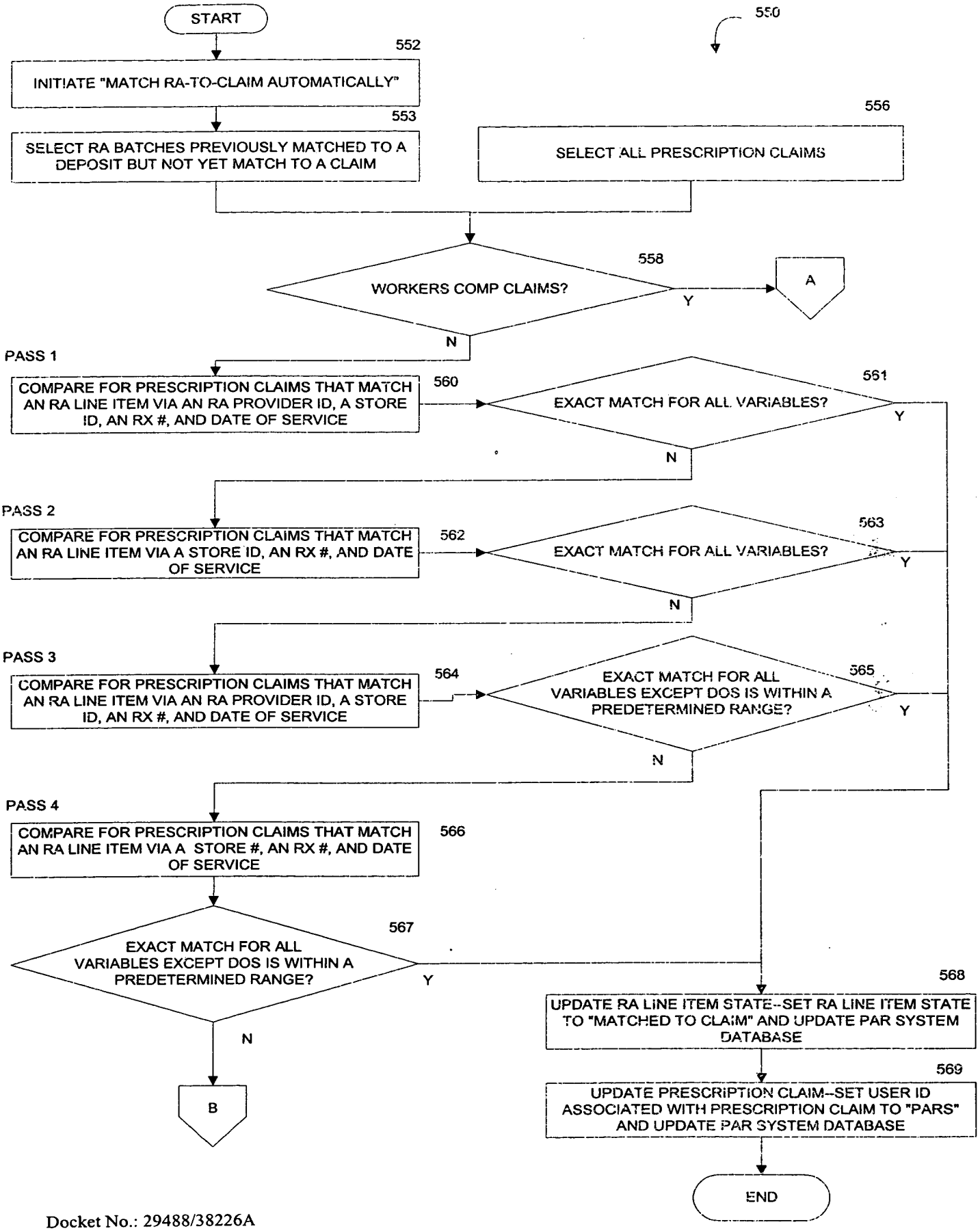

470
Manually Match RA to Claim - Microsoft Internet Explorer
Address D:\Ramu\Ramu Sources.afe\PARS-Version2\Design\Screens\adra\Manually_Match_Deposit_to_RA.html
Build Work Queue by Deposit Date
Build Work Queue by Remitter
Researcher - Work Queue
Resolve UnmatchedRA and Deposits per Remitter
Current Date: 09/27/2001
Position: PCS
471
Expand | Collapse
Unmatched RA SubBatches
478
479
480
481
Sum of Selected RA Sub-Batches: $60,000.00
472
473
474
475
476
477
Select Batch
Select Sub-Batch
Processed Date
RA Batch ID
RA Creation Date
Sub-Batch Identifier
RA Provider
RA Amount
Status
Expected?
05/02/2000 4353455 03/22/2000 GPN-66 AETNA $6,000.00 ambiguous Y
05/02/2000 4353455 03/22/2000 GPN-32 AETNA $18,000.00 Unequal Dollar Match Y
05/02/2000 4353455 03/22/2000 GPN-33 AETNA $18,000.00 ambiguous Y
05/02/2000 4353455 03/22/2000 GPN-45 AETNA $18,000.00 Ambiguous Y
05/01/2000 576567 04/20/2000 Dep-444565 ARGUS $26,000.00 UnMatched N
05/01/2000 576567 04/20/2000 Dep-566743 ARGUS $26,000.00 Unmatched N
482
Expand | Collapse
Unmatched Deposits
484
485
486
487
488
489
490
Sum of Selected Deposits: $59,500.00
Selected
Deposit Date
Deposit ID
Deposit Type
Deposit Amount
Status
Expected?
05/22/2000 3454667 Manual $ 2,500.00 UnMatched Y
05/02/2000 34507 Electronic $54,000.00 UnMatched Y
05/02/2000 34508 Loc-Check $3,500.00 UnMatched N
05/02/2000 34509 Electronic $2,000.00 ambiguous N
05/02/2000 34510 Electronic $1,000.00 ambiguous Y
Expand | Collapse
Plan Level Items
492
493
494
495
496
497
498
499
500
Select Plan Level Item
RA Provider
DepositID
SubBatchID
Date Posted
Amount
Status
Next ID
ARGUS 12345667 345 07/20/2000 $90.56 Collection Adora Smith
AETNA 34534656 21929 07/20/2000 $58.54 Collection Bill Clark
AETNA 3454355 557 05/29/2000 $55.26 Collection Andrew Mayer
ARGUS 5676878 456 06/26/2000 $35.16 Bank Error Chris Hobbs
ARGUS 2343229 566 06/30/2000 $15.00 Bank Error Joe Smith
501

FIG. 13E



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Sheet 38 of 66 (fig. 14A)

FIG. 14A

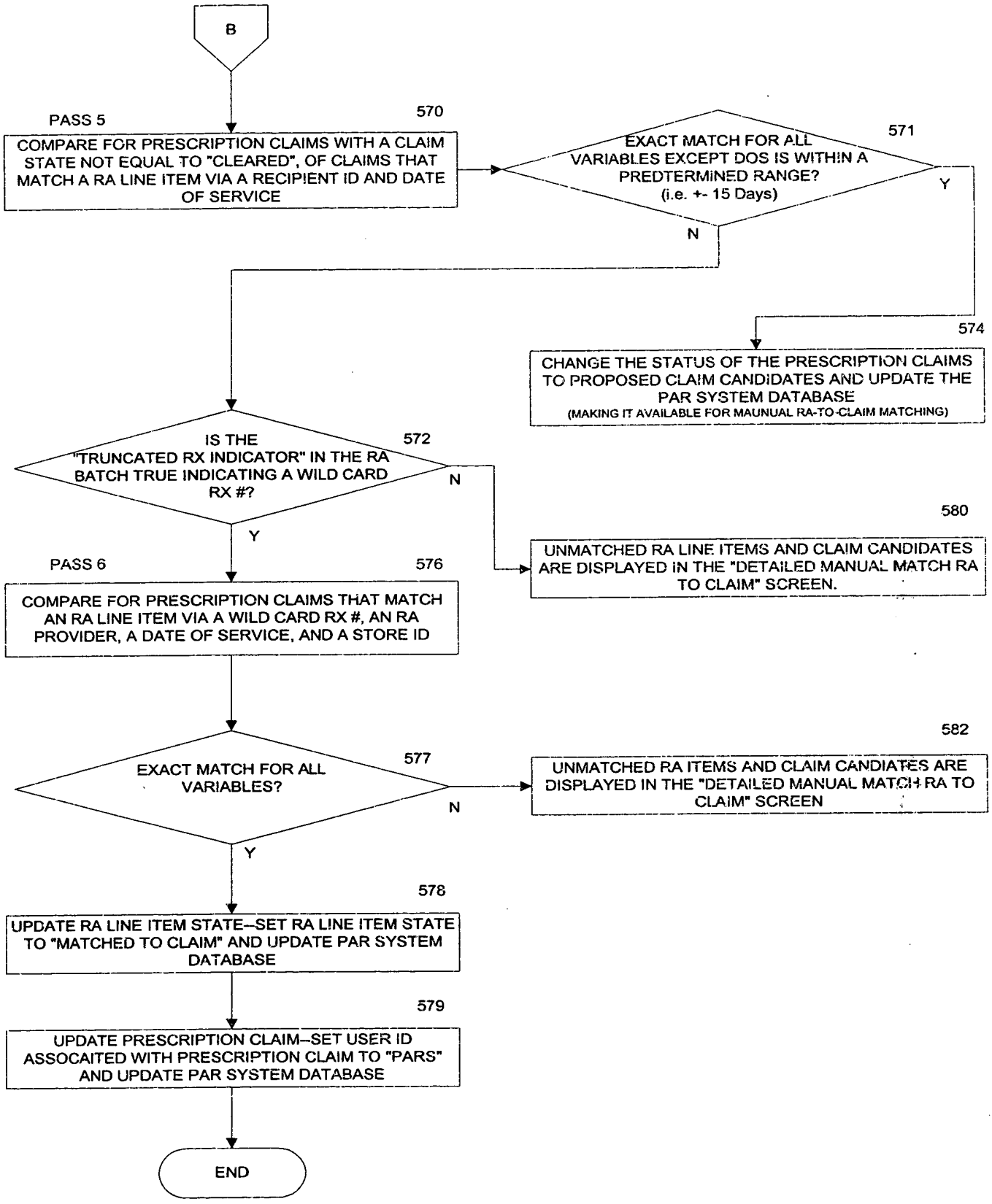

FIG. 14B

Docket No.: 29488/38226A
Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 39 of 66 (fig. 14B)

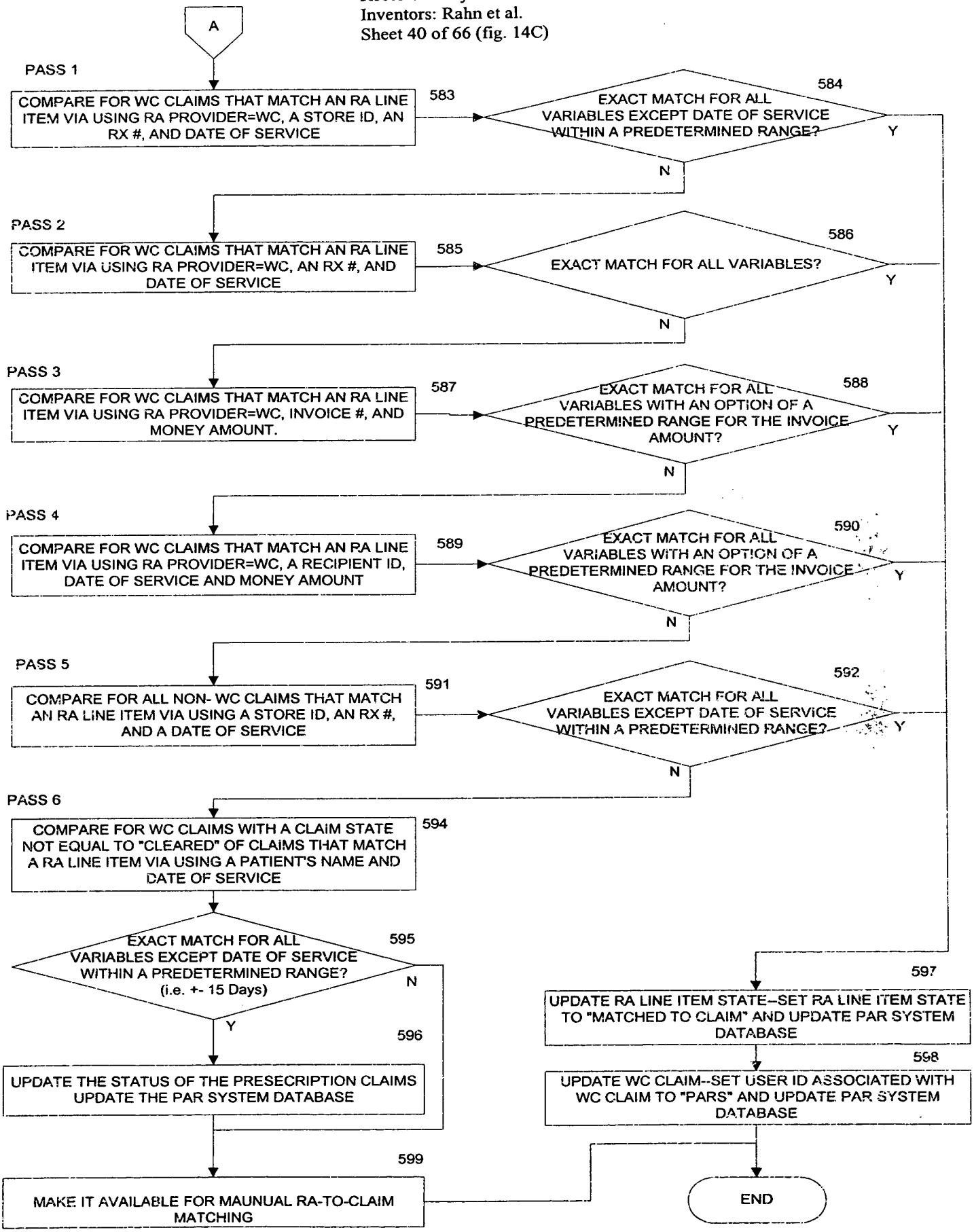
A
PASS 1
COMPARE FOR WC CLAIMS THAT MATCH AN RA LINE ITEM VIA USING RA PROVIDER=WC, A STORE ID, AN RX #, AND DATE OF SERVICE
583
EXACT MATCH FOR ALL VARIABLES EXCEPT DATE OF SERVICE WITHIN A PREDETERMINED RANGE?
584
Y
N
PASS 2
COMPARE FOR WC CLAIMS THAT MATCH AN RA LINE ITEM VIA USING RA PROVIDER=WC, AN RX #, AND DATE OF SERVICE
585
EXACT MATCH FOR ALL VARIABLES?
586
Y
N
PASS 3
COMPARE FOR WC CLAIMS THAT MATCH AN RA LINE ITEM VIA USING RA PROVIDER=WC, INVOICE #, AND MONEY AMOUNT.
587
EXACT MATCH FOR ALL VARIABLES WITH AN OPTION OF A PREDETERMINED RANGE FOR THE INVOICE AMOUNT?
588
Y
N
PASS 4
COMPARE FOR WC CLAIMS THAT MATCH AN RA LINE ITEM VIA USING RA PROVIDER=WC, A RECIPIENT ID, DATE OF SERVICE AND MONEY AMOUNT
589
EXACT MATCH FOR ALL VARIABLES WITH AN OPTION OF A PREDETERMINED RANGE FOR THE INVOICE AMOUNT?
590
Y
N
PASS 5
COMPARE FOR ALL NON- WC CLAIMS THAT MATCH AN RA LINE ITEM VIA USING A STORE ID, AN RX #, AND A DATE OF SERVICE
591
EXACT MATCH FOR ALL VARIABLES EXCEPT DATE OF SERVICE WITHIN A PREDETERMINED RANGE?
592
Y
N
PASS 6
COMPARE FOR WC CLAIMS WITH A CLAIM STATE NOT EQUAL TO "CLEARED" OF CLAIMS THAT MATCH A RA LINE ITEM VIA USING A PATIENT'S NAME AND DATE OF SERVICE
594
EXACT MATCH FOR ALL VARIABLES EXCEPT DATE OF SERVICE WITHIN A PREDETERMINED RANGE? (i.e. +- 15 Days)
595
N
Y
596
UPDATE THE STATUS OF THE PRESECRIPTION CLAIMS UPDATE THE PAR SYSTEM DATABASE
599
MAKE IT AVAILABLE FOR MAUNUAL RA-TO-CLAIM MATCHING
597
UPDATE RA LINE ITEM STATE--SET RA LINE ITEM STATE TO "MATCHED TO CLAIM" AND UPDATE PAR SYSTEM DATABASE
598
UPDATE WC CLAIM--SET USER ID ASSOCIATED WITH WC CLAIM TO "PARS" AND UPDATE PAR SYSTEM DATABASE
END

FIG. 14C

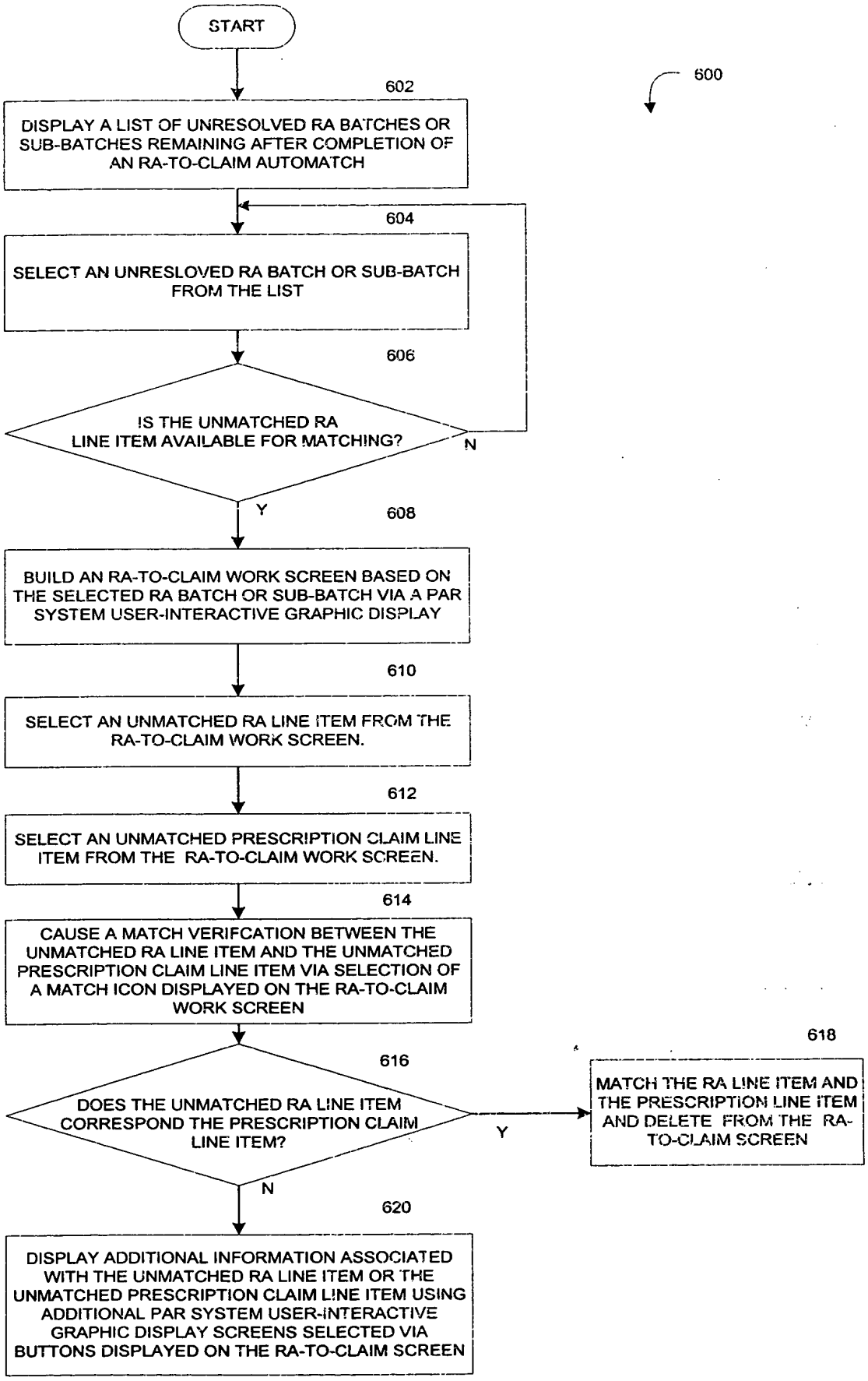

FIG. 15

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Title: Pharmacy Automated Accounts Receivable System and Methods
Inventors: Rahn et al.
Sheet 41 of 66 (fig. 15)

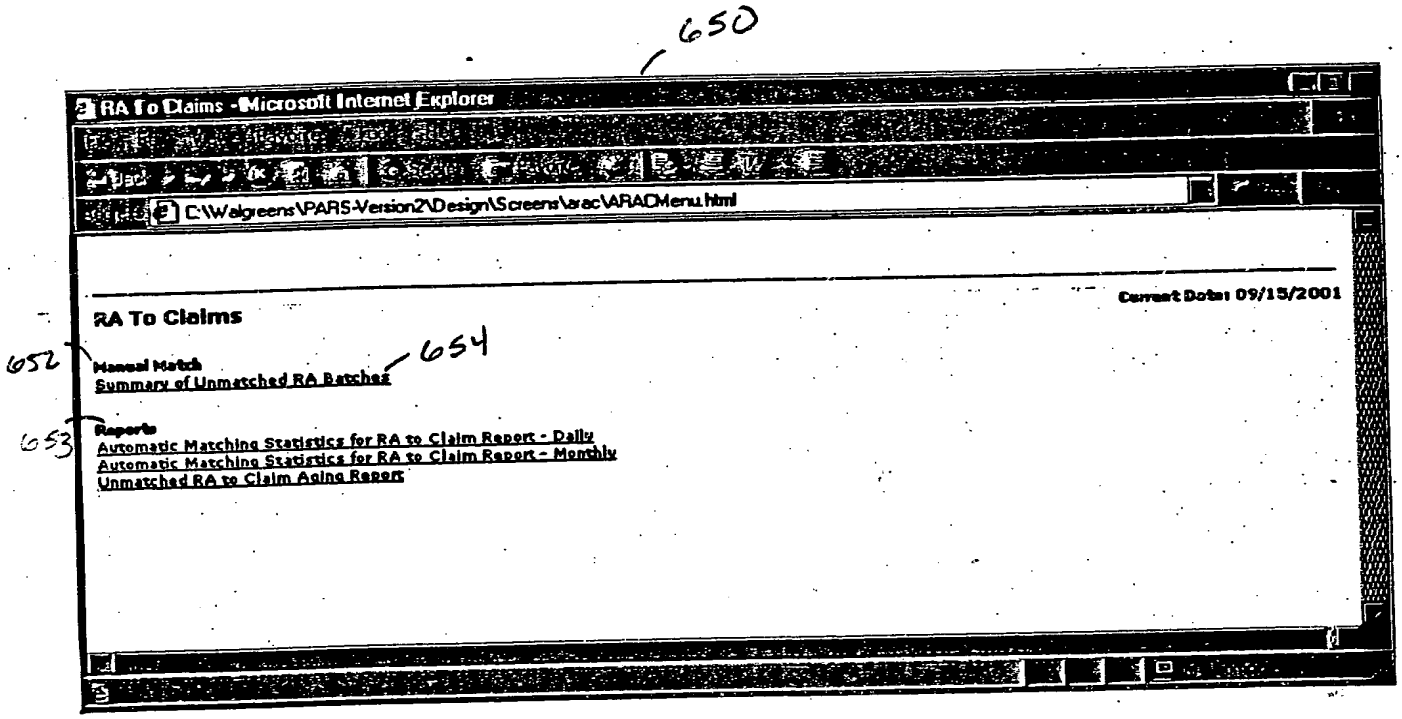

650
RA To Claims -Microsoft Internet Explorer
C:\Walgreens\PARS-Version2\Design\Screens\arac\ARACMenu.html
Current Date: 09/15/2001
RA To Claims
652
Manual Match
Summary of Unmatched RA Batches
654
653
Reports
Automatic Matching Statistics for RA to Claim Report - Daily
Automatic Matching Statistics for RA to Claim Report - Monthly
Unmatched RA to Claim Aging Report

FIG. 16A

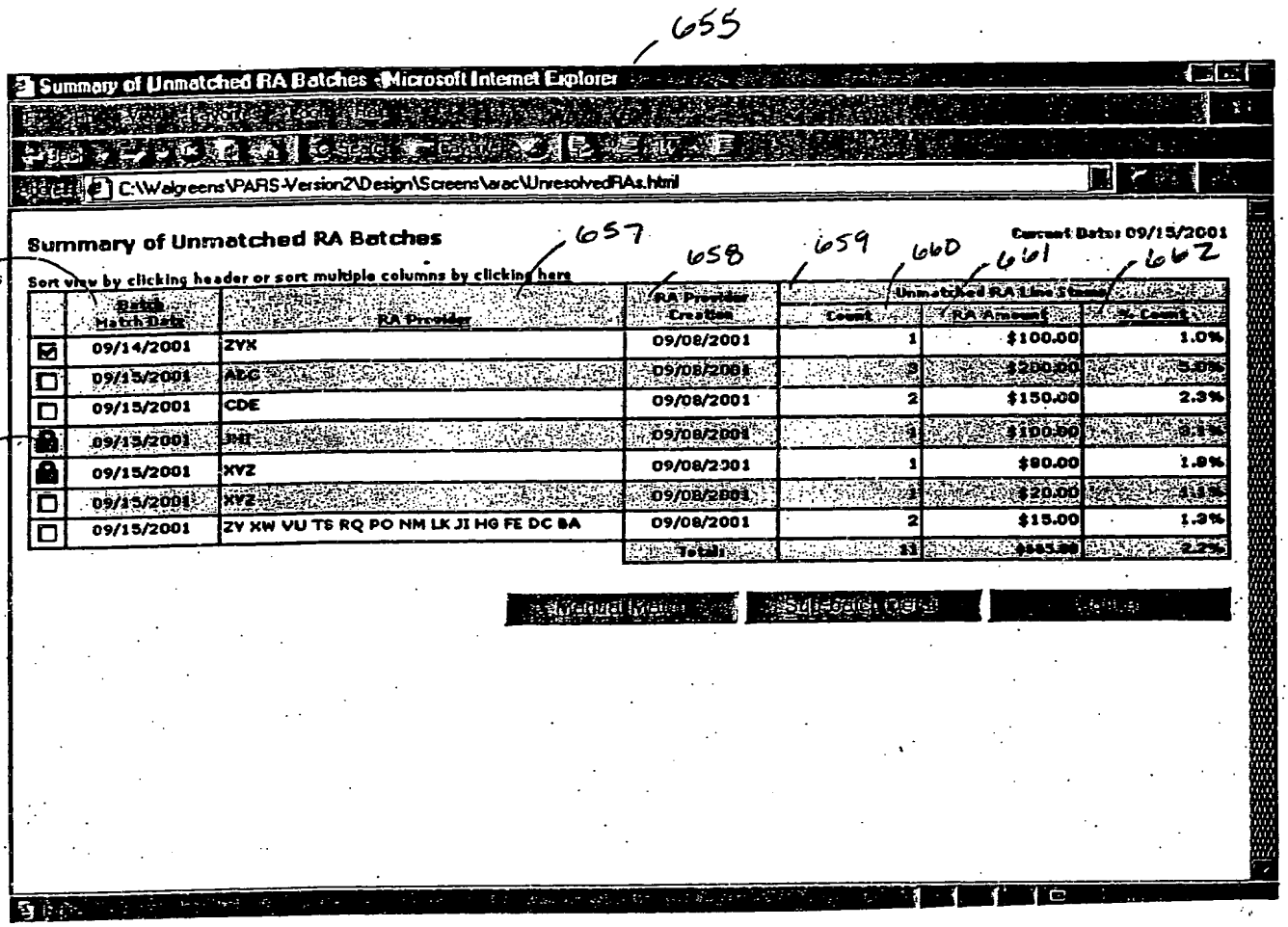

655
Summary of Unmatched RA Batches - Microsoft Internet Explorer
C:\Walgreens\PARS-Version2\Design\Screens\arac\UnresolvedRAs.html
Summary of Unmatched RA Batches
Current Date: 09/15/2001
656
657
658
659
660
661
662
663
Sort view by clicking header or sort multiple columns by clicking here
Batch Match Date
RA Provider
RA Provider Creation
Unmatched RA Line Items
Count
RA Amount
% Count
09/14/2001 ZYX 09/08/2001 1 $100.00 1.0%
09/15/2001 ABC 09/08/2001 3 $200.00 3.0%
09/15/2001 CDE 09/08/2001 2 $150.00 2.3%
09/15/2001 JHI 09/08/2001 1 $100.50 1.1%
09/15/2001 XVZ 09/08/2001 1 $80.00 1.8%
09/15/2001 XYZ 09/08/2001 1 $20.00 0.1%
09/15/2001 ZV XW VU TS RQ PO NM LK JI HG FE DC BA 09/08/2001 2 $15.00 1.3%
Total: 11 $665.50 2.2%

FIG. 16B

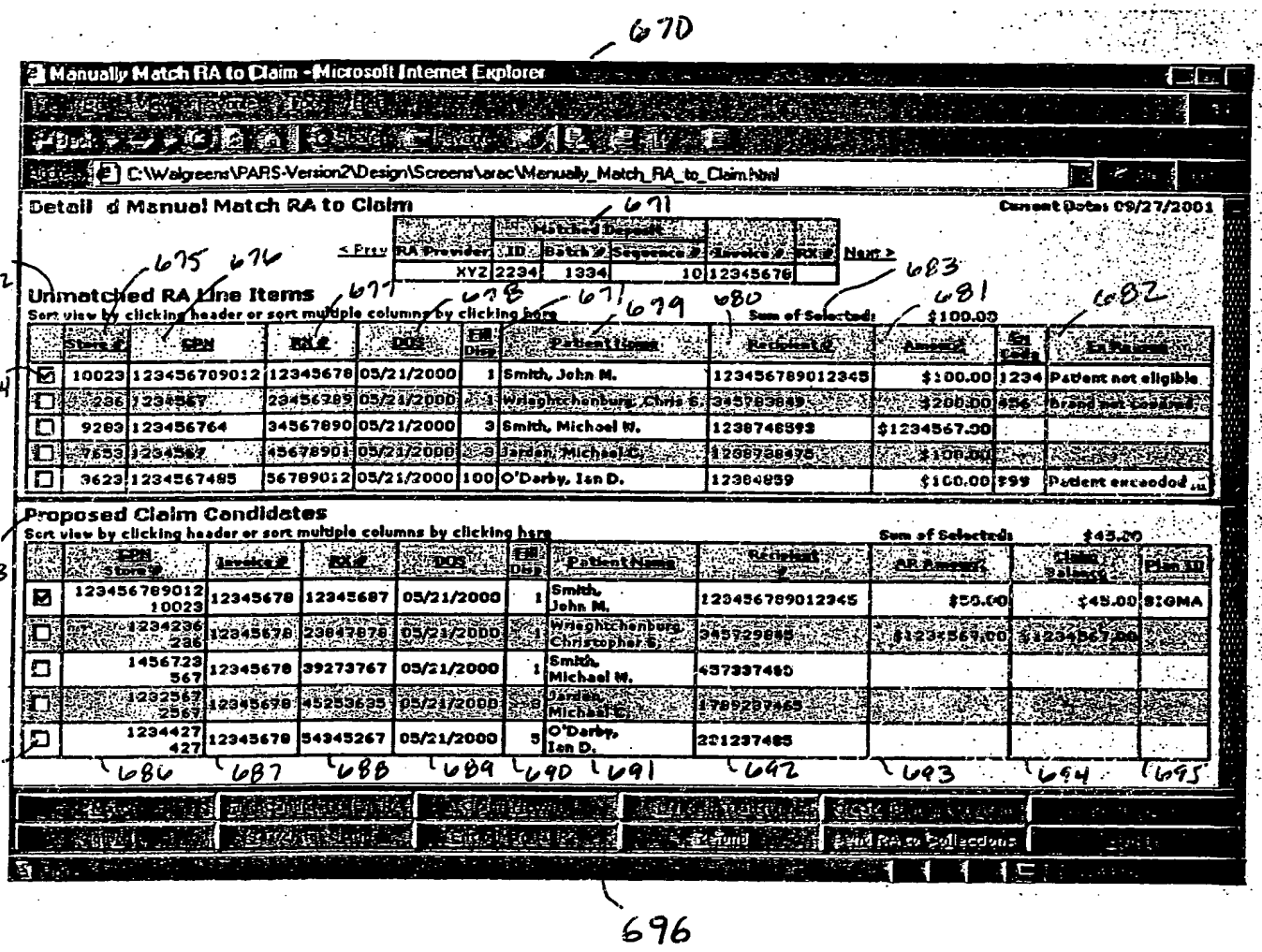

670
Manually Match RA to Claim - Microsoft Internet Explorer
C:\Walgreens\PARS-Version2\Design\Screens\arac\Manually_Match_RA_to_Claim.html
Detail of Manual Match RA to Claim
Current Date: 09/27/2001
671
Matched Deposit
< Prev
RA Provider
ID
Batch #
Sequence #
Invoice #
RX #
Next >
XYZ
2234
1334
10
12345676
672
675
676
673
674
Unmatched RA Line Items
Sort view by clicking header or sort multiple columns by clicking here
Sum of Selected:
$100.00
683
681
682
Store #
RX #
DOS
Fill Disp
Patient Name
Recipient #
Amount
Adj Code
Explanation
10023
123456789012
12345678
05/21/2000
1
Smith, John M.
123456789012345
$100.00
1234
Patient not eligible
9283
123456764
34567890
05/21/2000
3
Smith, Michael M.
1238746593
$1234567.00
9623
1234567485
56789012
05/21/2000
100
O'Darby, Ian D.
12384859
$100.00
$99
Patient exceeded
Proposed Claim Candidates
Sort view by clicking header or sort multiple columns by clicking here
Sum of Selected:
$45.00
RX #
Patient Name
Recipient #
AR Amount
Claim Balance
Plan ID
123456789012 10023
12345678
12345687
05/21/2000
1
Smith, John M.
123456789012345
$50.00
$45.00
SIGMA
1456723 567
12345678
39273767
05/21/2000
1
Smith, Michael M.
457337485
1234427 427
12345678
54345267
05/21/2000
5
O'Darby, Ian D.
221237485
685
686
687
688
689
690
691
692
693
694
695
Refund
Send Rx to Collections
696

FIG. 16C

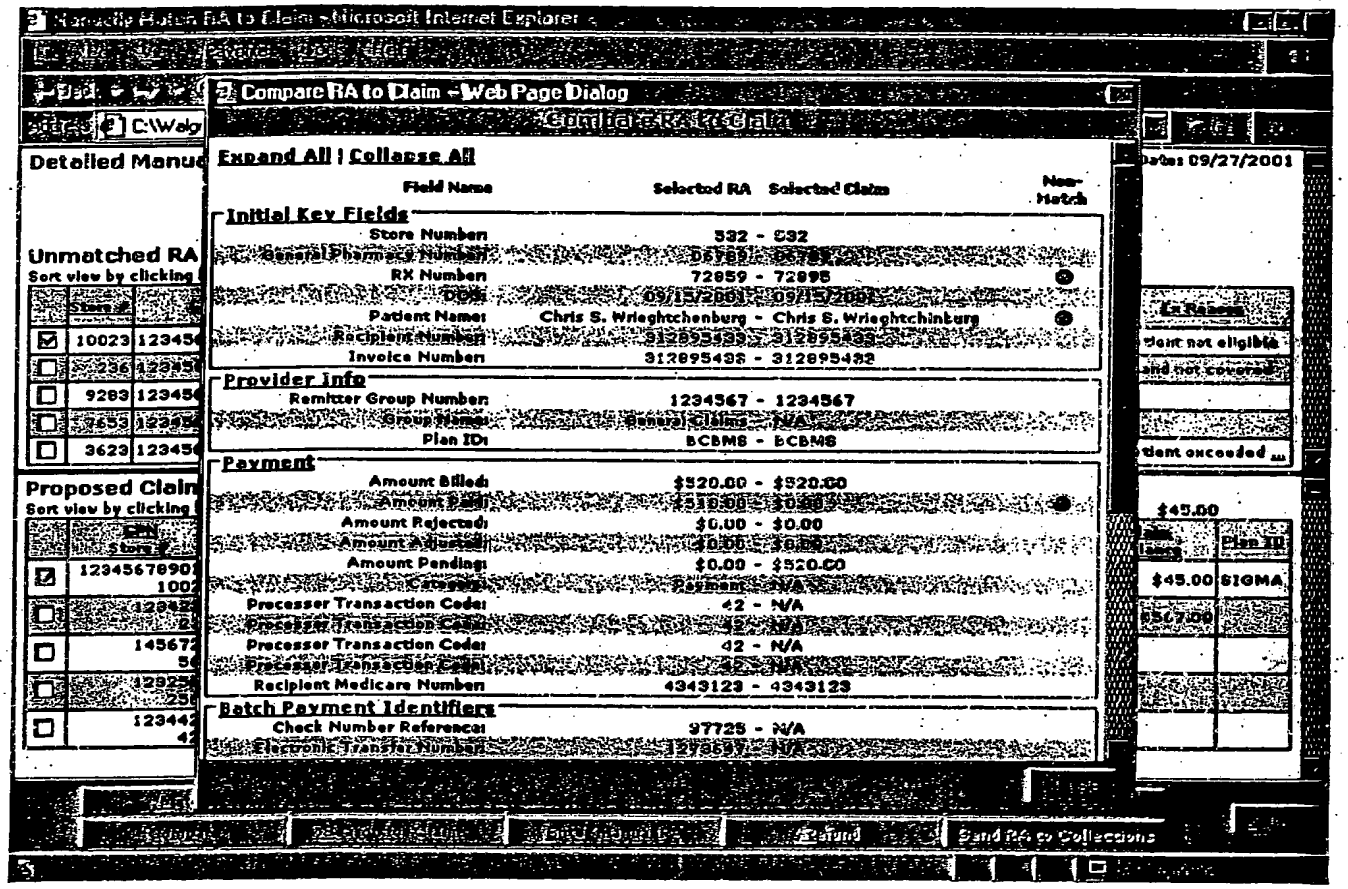

Compare RA to Claim - Web Page Dialog
Expand All | Collapse All
Field Name
Selected RA
Selected Claim
Non-Match
Initial Key Fields
Store Number: 532 - 532
RX Number: 72859 - 72895
Patient Name: Chris S. Wrieghtchenburg - Chris S. Wrieghtchinburg
Recipient Number: 312895539 - 312895433
Invoice Number: 312895435 - 312895432
Provider Info
Remitter Group Number: 1234567 - 1234567
Plan ID: BCBMS - BCBMS
Payment
Amount Billed: $520.00 - $520.00
Amount Rejected: $0.00 - $0.00
Amount Pending: $0.00 - $520.00
Processer Transaction Code: 42 - N/A
Processer Transaction Code: 42 - N/A
Recipient Medicare Number: 4343123 - 4343123
Batch Payment Identifiers
Check Number Reference: 97725 - N/A
Refund
Send RA to Collections

FIG. 16D

FIG. 16E

710

Summary of Unmatched RA Sub-batches - Microsoft Internet Explorer

Address C:\Walgreens\PARS-Version2\Design\Screens\src\UnresolvedRASegments.html

Summary of Unmatched RA Sub-batches

Current Date: 09/15/2001

Batch Match Date: 09/15/2001 RA Provider: XYZ RA Provider Creation Date: 09/08/2001

Sort view by clicking header or sort multiple columns by clicking here

	Matched Deposit					Unmatched RA Line Items		
	Date	Amount	ID	Batch #	Sequence #	Count	RA Amount	% Count
	09/09/2001	$150.00	92345	1299	128	2	$150.00	2.3%
	09/10/2001	$100.00	2234	1334	10	3	$200.00	5.0%
☑	09/10/2001	$200.00	12356	1331	56	1	$100.00	1.0%
	09/10/2001	$100.00	12345	2212	3	1	$60.00	3.1%
	09/10/2001	$100.00	12345	1334	103	2	$15.00	1.3%
	09/11/2001	$1,200.00	54321	1934	104			
	09/12/2001	$500.00	65432	1336	105			
	09/15/2001	$980.00	72345	2212	1	1	$80.00	1.8%
	09/15/2001	$1050.00	12345	2265	5	1	$20.00	1.1%
					Total	11	$345.00	2.2%

Manual Match Cancel

Collection Build Work Queue

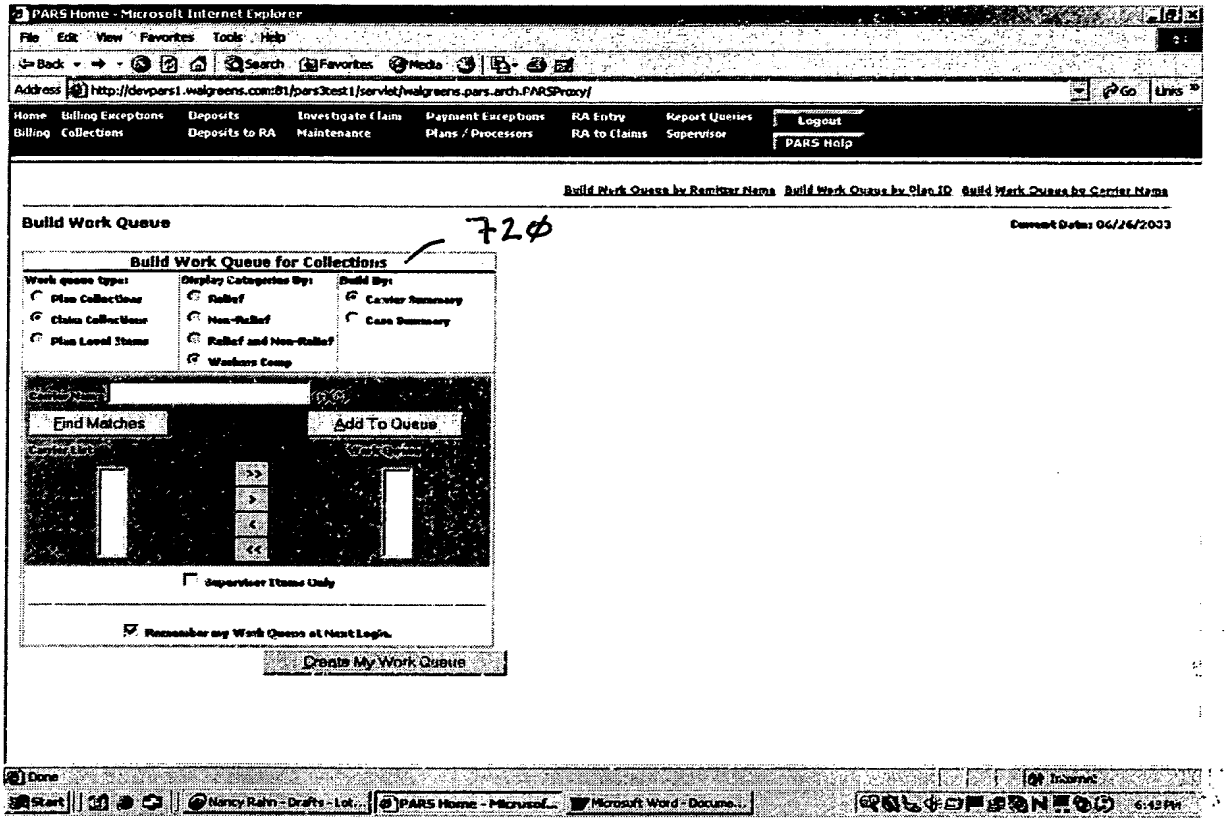


FIG. 17A

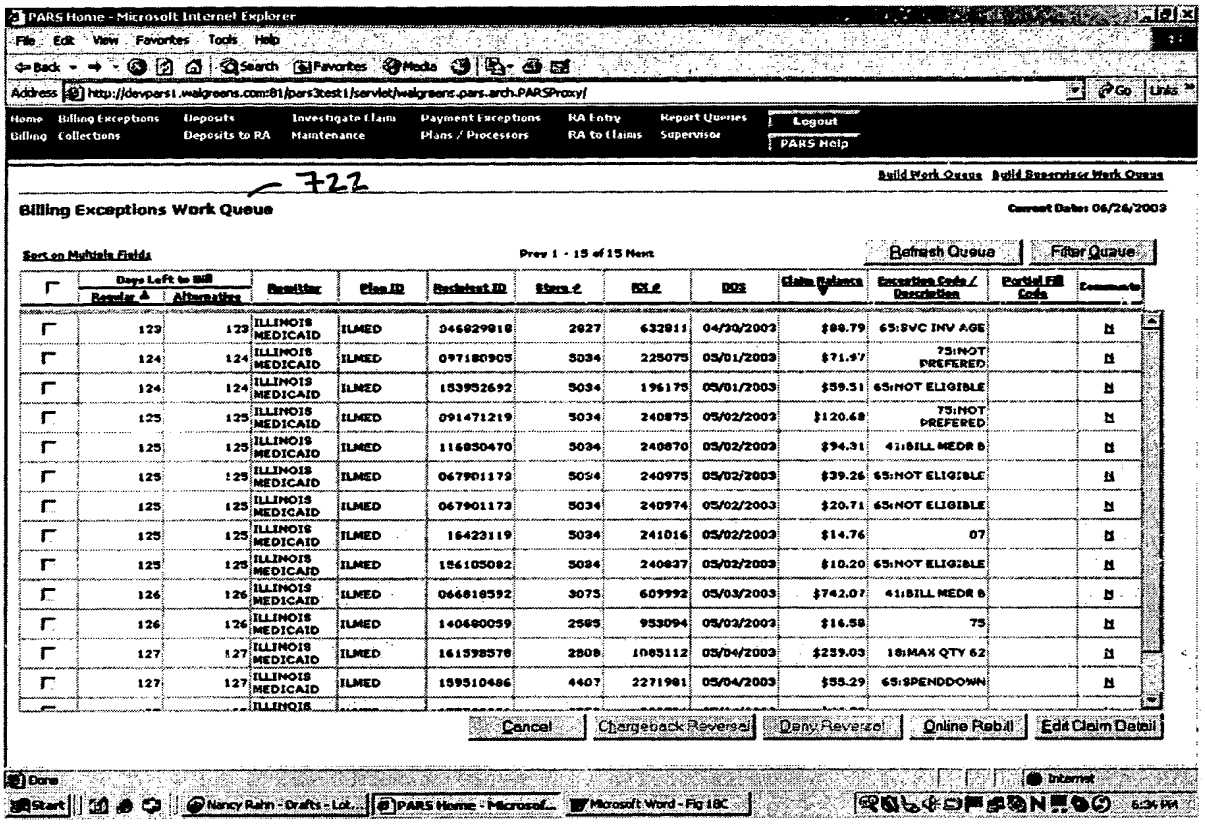

PARS Home - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address http://devpars1.walgreens.com:81/pars3test1/servlet/walgreens.pars.arch.PARSProxy/
Home Billing Exceptions Deposits Investigate Claim Payment Exceptions RA Entry Report Queries Logout
Billing Collections Deposits to RA Maintenance Plans / Processors RA to Claims Supervisor PARS Help
722
Build Work Queue Build Supervisor Work Queue
Billing Exceptions Work Queue
Current Date: 06/26/2003
Sort on Multiple Fields
Prev 1 - 15 of 15 Next
Refresh Queue
Filter Queue
Days Left to Bill
Regular
Alternative
Remitter
Plan ID
Recipient ID
Store #
RX #
DOS
Claim Balance
Exception Code / Description
Partial Fill Code
Comments
ILLINOIS MEDICAID ILMED 046029818 2627 632811 04/30/2003 $88.79 65:SVC INV AGE N
ILLINOIS MEDICAID ILMED 097180905 5034 225075 05/01/2003 $71.97 75:NOT PREFERED N
ILLINOIS MEDICAID ILMED 153952692 5034 196175 05/01/2003 $59.51 65:NOT ELIGIBLE N
ILLINOIS MEDICAID ILMED 091471219 5034 240875 05/02/2003 $120.68 75:NOT PREFERED N
ILLINOIS MEDICAID ILMED 116850470 5034 240870 05/02/2003 $94.31 41:BILL MEDR B N
ILLINOIS MEDICAID ILMED 067901173 5034 240975 05/02/2003 $39.26 65:NOT ELIGIBLE N
ILLINOIS MEDICAID ILMED 067901173 5034 240974 05/02/2003 $20.71 65:NOT ELIGIBLE N
ILLINOIS MEDICAID ILMED 16423119 5034 241016 05/02/2003 $14.76 07 N
ILLINOIS MEDICAID ILMED 156105092 5034 240837 05/02/2003 $10.20 65:NOT ELIGIBLE N
ILLINOIS MEDICAID ILMED 066816592 3075 609992 05/03/2003 $742.07 41:BILL MEDR B N
ILLINOIS MEDICAID ILMED 140680059 2565 953094 05/03/2003 $16.58 75 N
ILLINOIS MEDICAID ILMED 161598578 2809 1065112 05/04/2003 $259.03 18:MAX QTY 62 N
ILLINOIS MEDICAID ILMED 159510486 4407 2271981 05/04/2003 $55.29 65:SPENDDOWN N
Cancel
Chargeback Reversal
Deny Reversal
Online Rebill
Edit Claim Detail
Done
Internet
Start
Nancy Rahn - Drafts - Lot...
PARS Home - Microsof...
Microsoft Word - Fig 18C
6:34 PM

FIG. 17B

Billings Build Work Queue

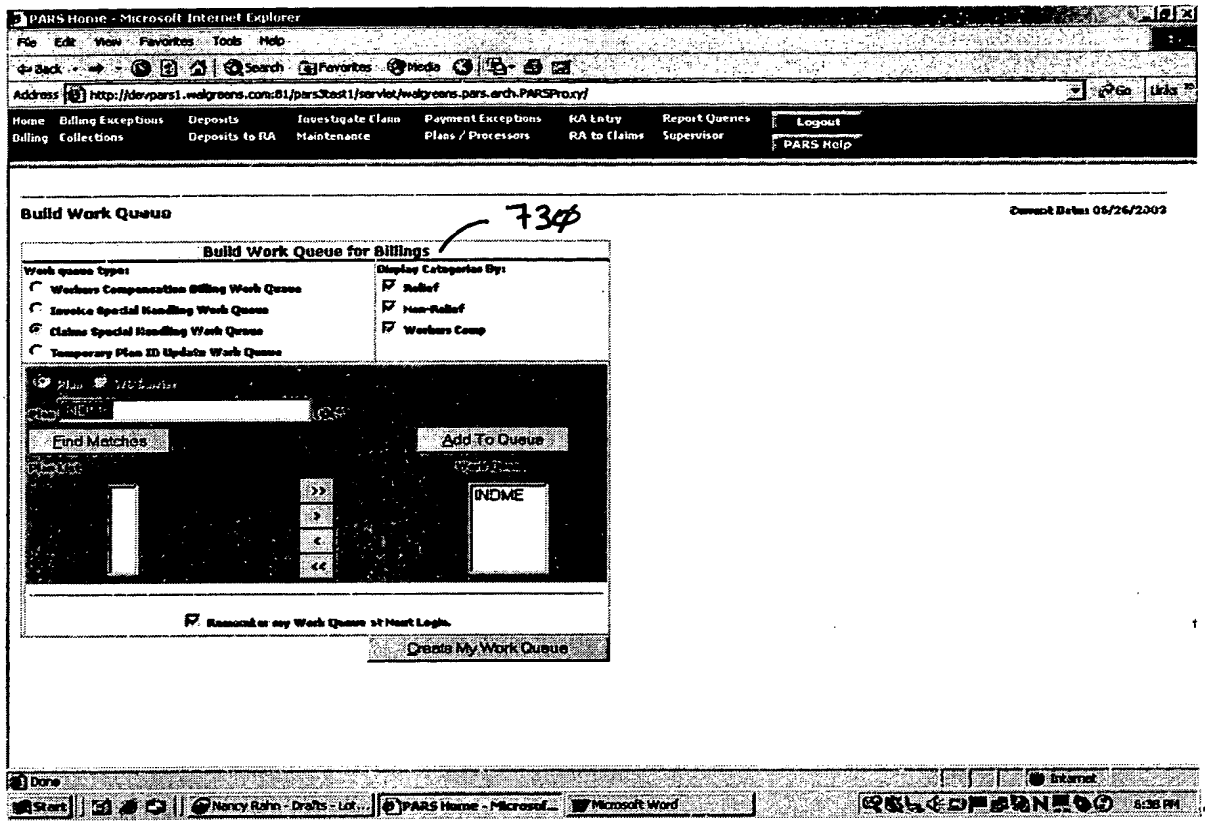


FIG. 17C

Claims Special Handling Work Queue

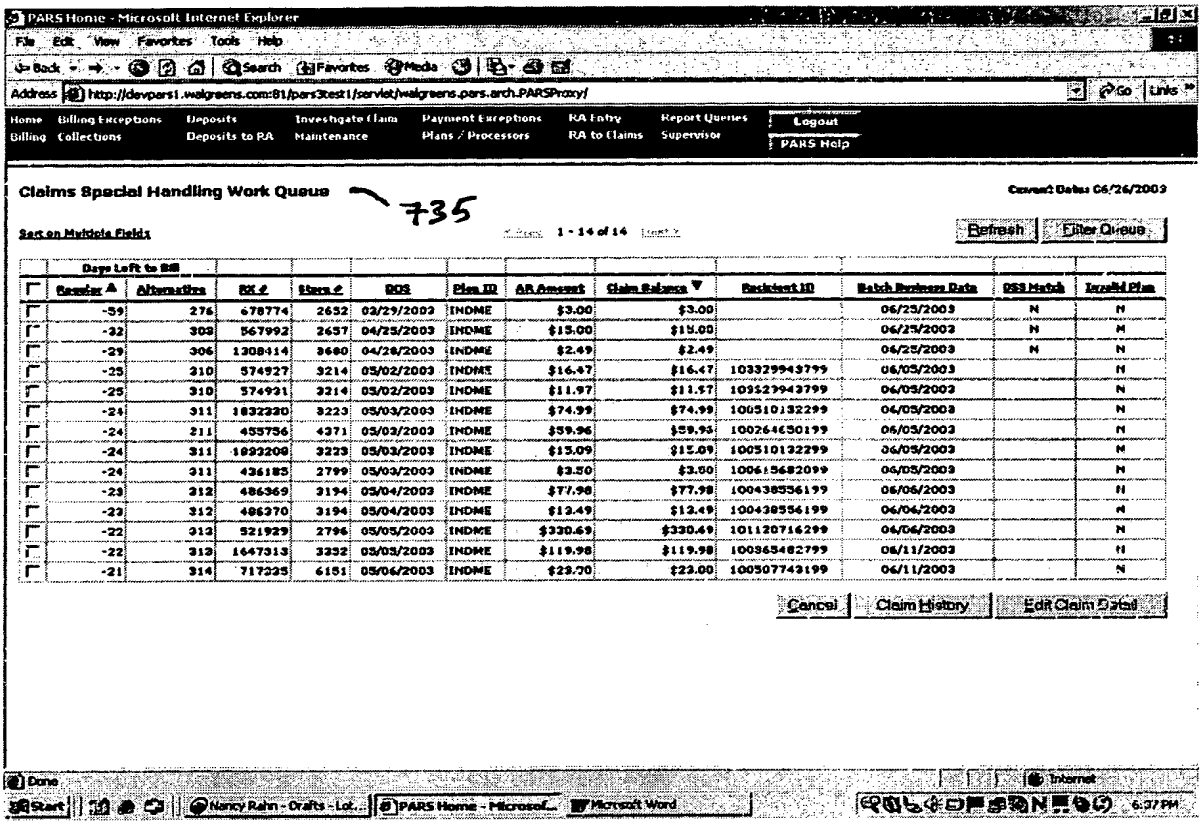


FIG. 17D

Invoice Special Handling Work Queue

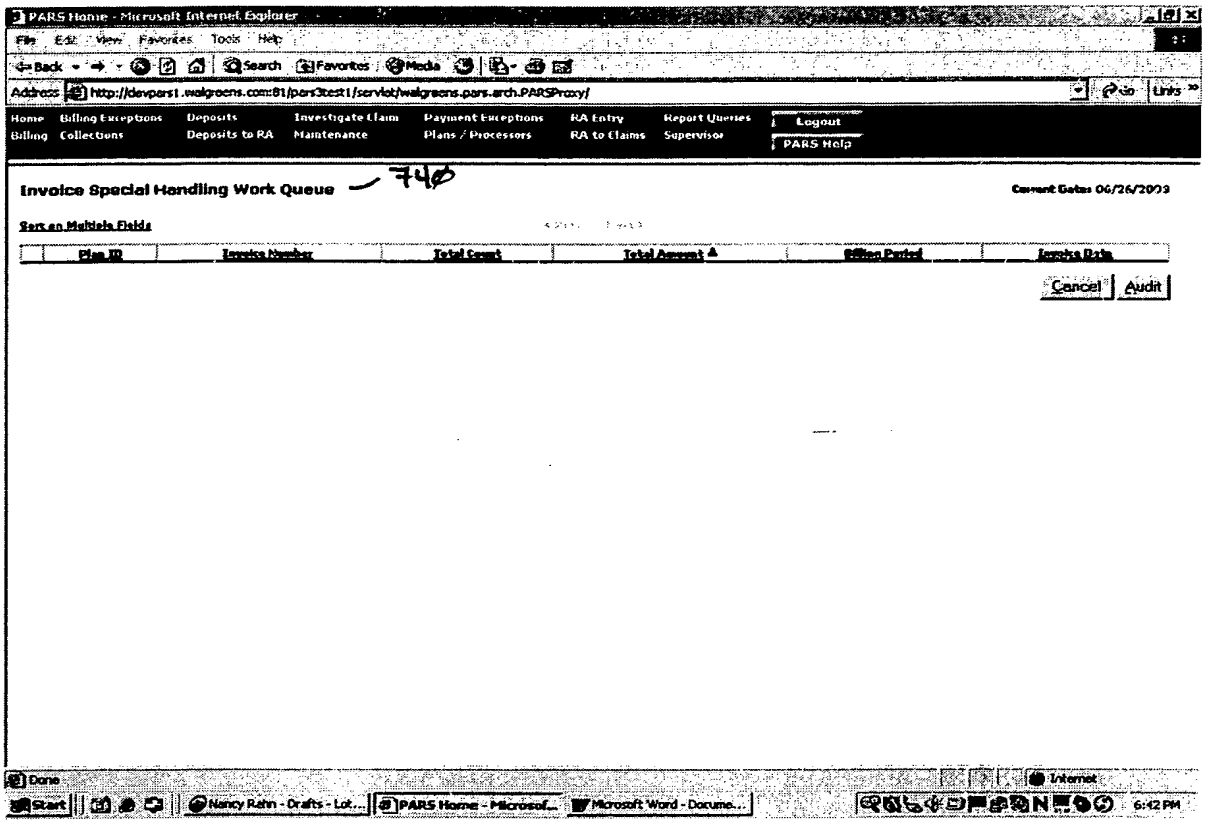


FIG. 17E

Worker Comp Billing Work Queue

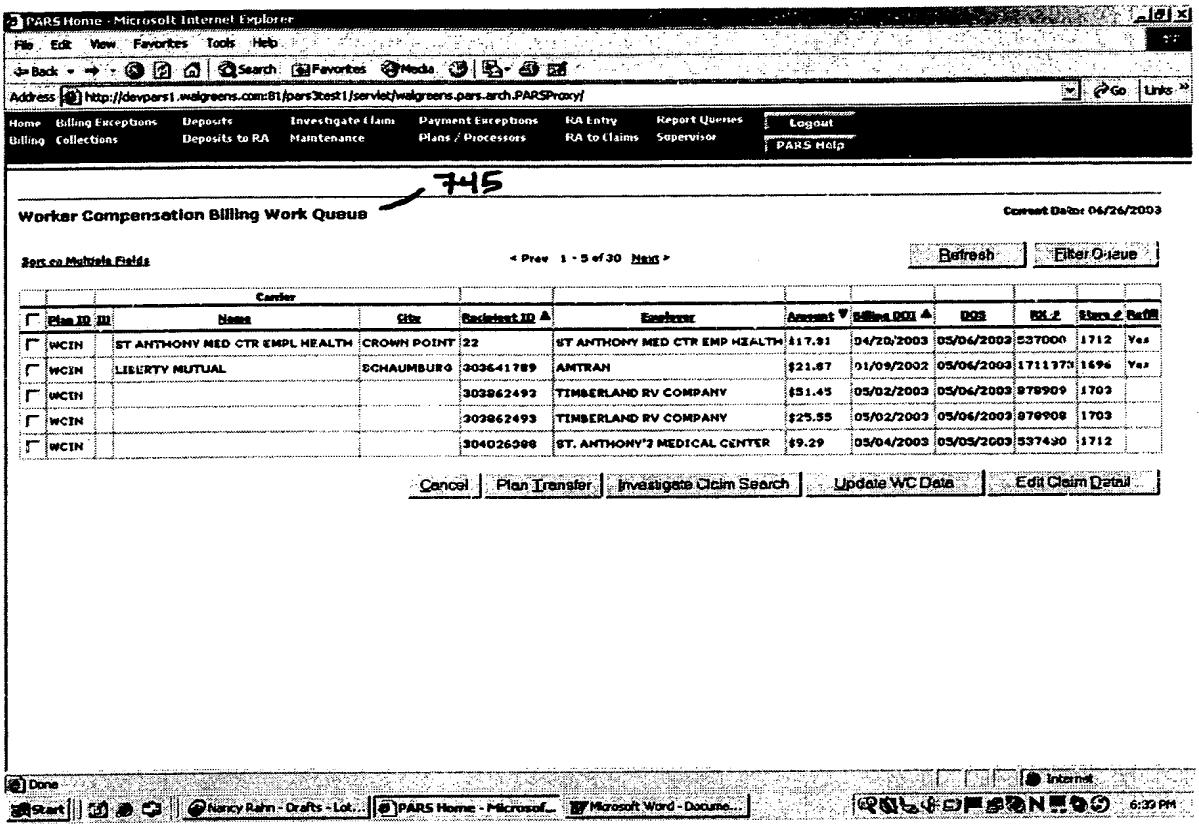


FIG. 17 F

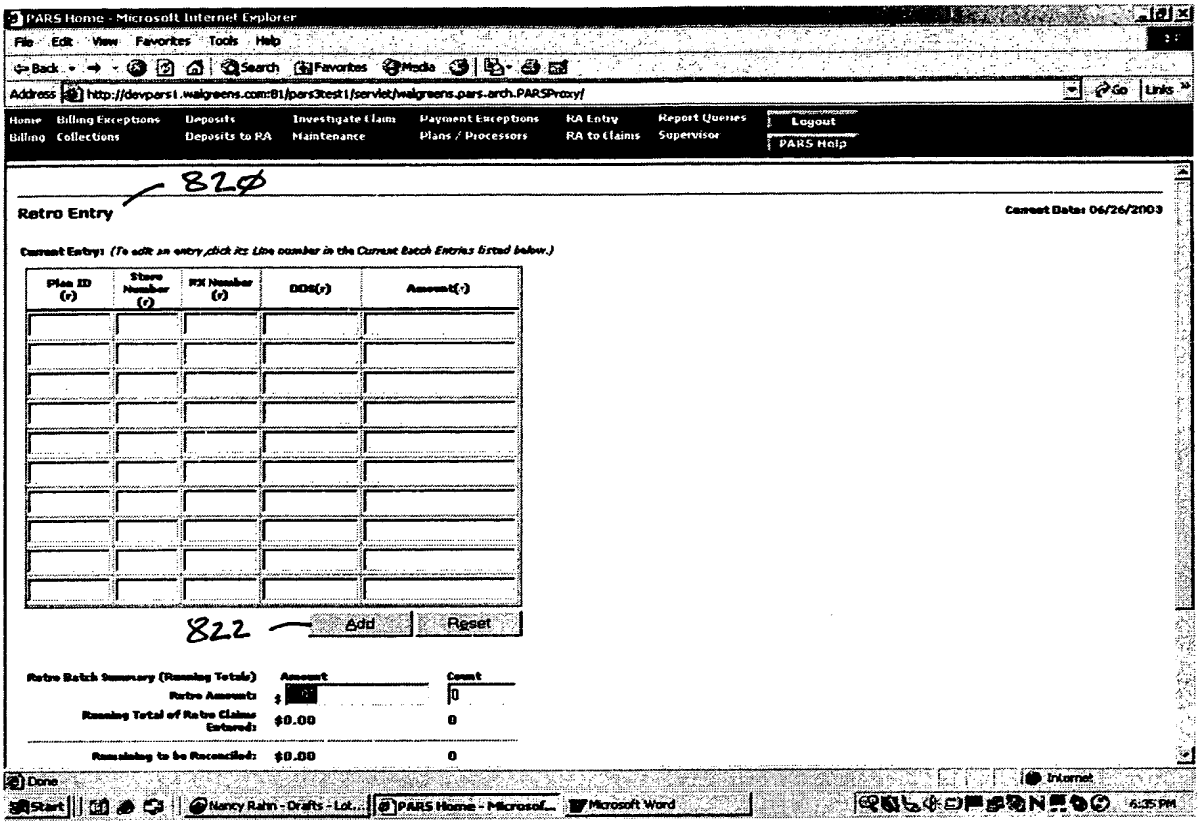

PARS Home - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address http://devpars1.walgreens.com:81/pars3test1/servlet/walgreens.pars.arch.PARSProxy/
Home Billing Exceptions Deposits Investigate Claim Payment Exceptions RA Entry Report Queries Logout
Billing Collections Deposits to RA Maintenance Plans / Processors RA to Claims Supervisor PARS Help
820
Retro Entry
Current Date: 06/26/2003
Current Entry: (To edit an entry, click its Line number in the Current Batch Entries listed below.)
Plan ID (r)
Store Number (r)
RX Number (r)
DOS(r)
Amount(-)
822
Add
Reset
Retro Batch Summary (Running Totals)
Amount
Count
Retro Amounts:
$0.00
Running Total of Retro Claims Entered:
$0.00
0
Remaining to be Reconciled:
$0.00
0
Done
Internet
Start
Nancy Rahn - Drafts - Lot...
PARS Home - Microsof...
Microsoft Word
6:35 PM

FIG. 18A

850

Plan Payback W rk Queue

Results 1-6 of 200.

	User ID: (Entered by)	Date Entered:	Document Date:	Plan ID:	Patient Name:	RX #:	Store #:	DOS:	User ID: (last worked by)	Comments:
☐	DAH	01/25/2000	01/25/2000	ABC	Charles M. Williams	1234567	1234567	01/25/2000	DAH	
☐	BAS	01/25/2000	01/25/2000	BASF	Dave A. Hebert	1234567	1234567	01/25/2000	DAH	
☐	SDS	01/25/2000	01/25/2000	OLMP	Steve S. Sommers	1234567	1234567	01/25/2000	DAH	
☐	KAA	01/25/2000	01/25/2000	YTWCK	Knute R. Axelson	1234567	1234567	01/25/2000	DAH	
☐	GHI	01/25/2000	01/25/2000	HUMV	Vivian Sovinsky	1234567	1234567	01/25/2000	DAH	
☐	GHI	01/25/2000	01/25/2000	OLE	Andrew C. Meyer	1234567	1234567	01/25/2000	DAH	

FIG. 18B

Fig 18C

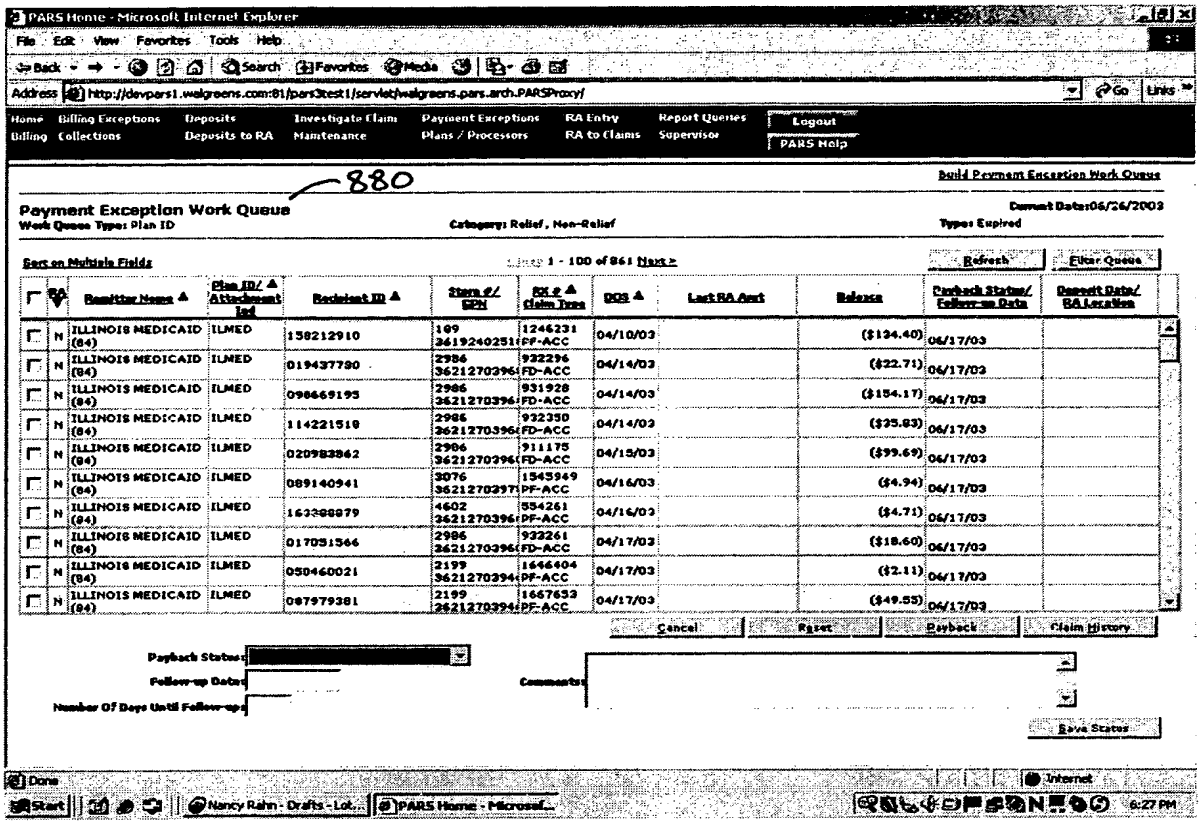


FIG. 18C

Claim Detail Collection Queue

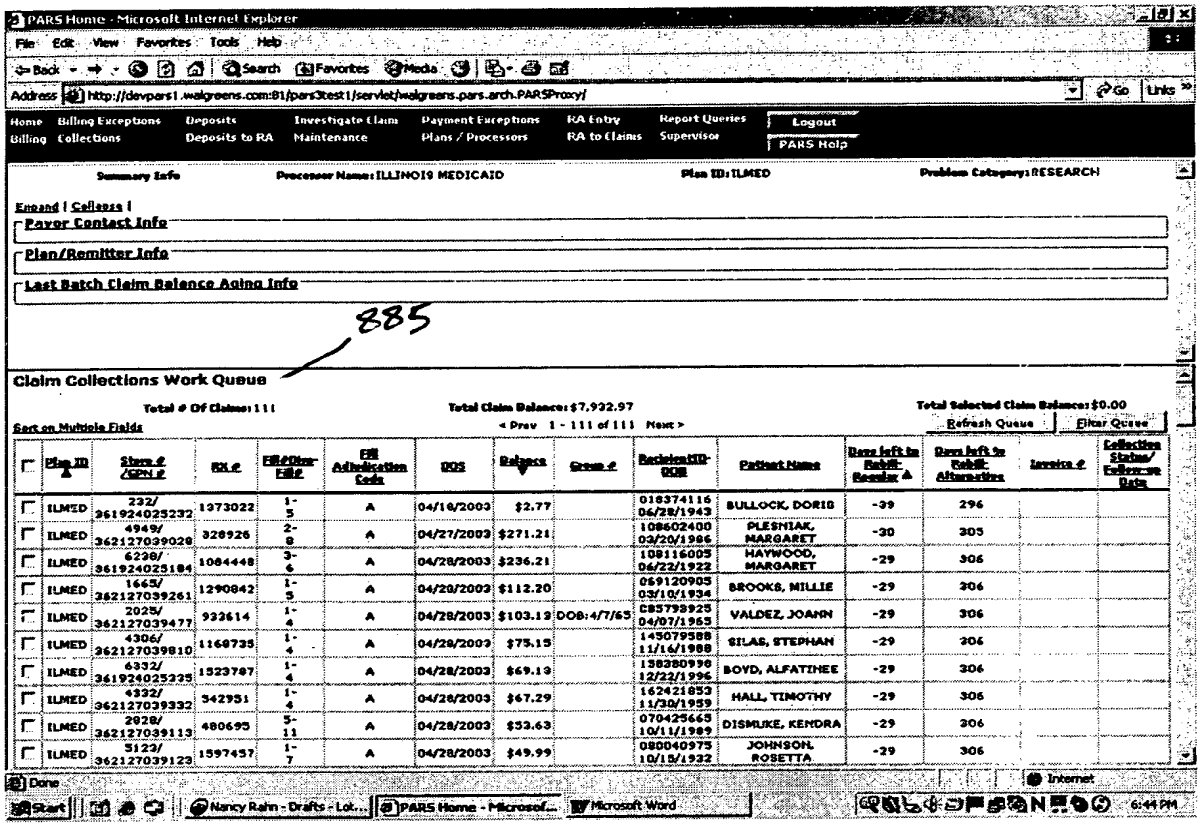


FIG. 18D

Claim Collection Plan Summary

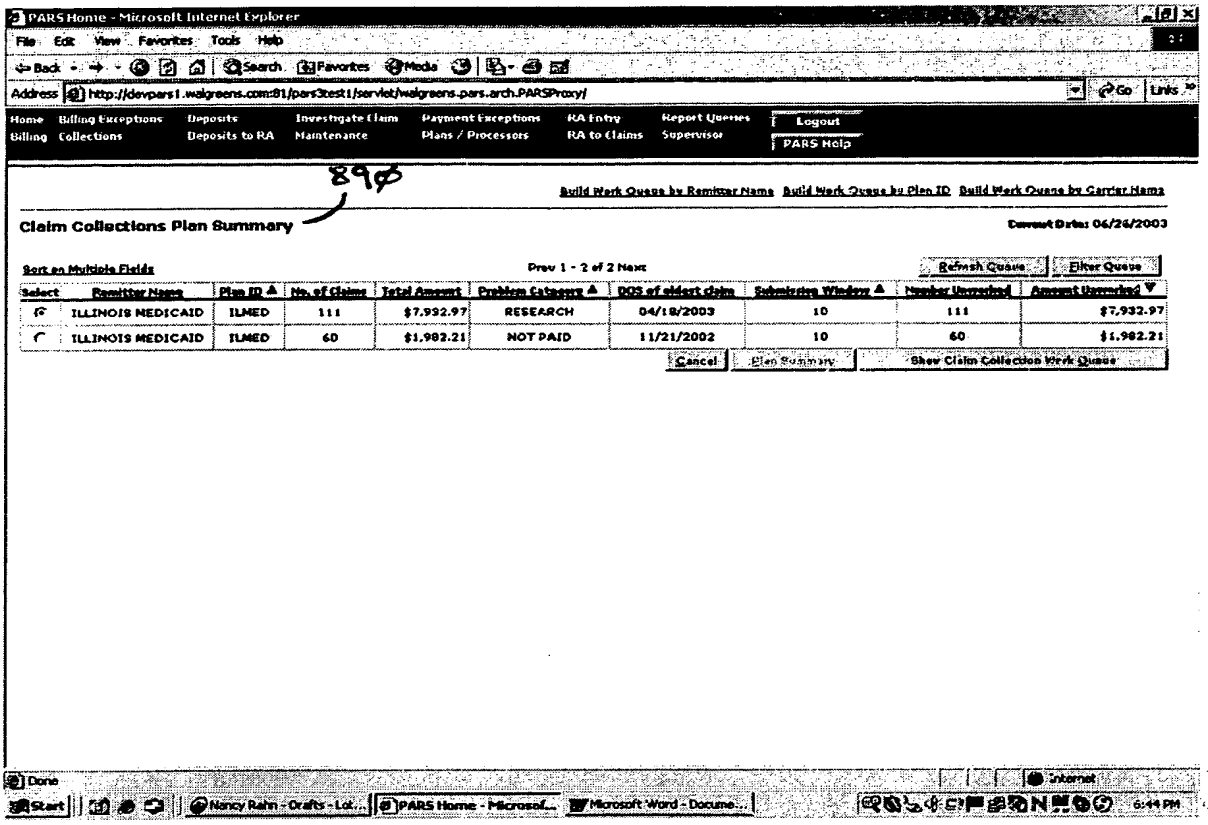


FIG. 18E

Worker Comp Claim Collection Case Summary

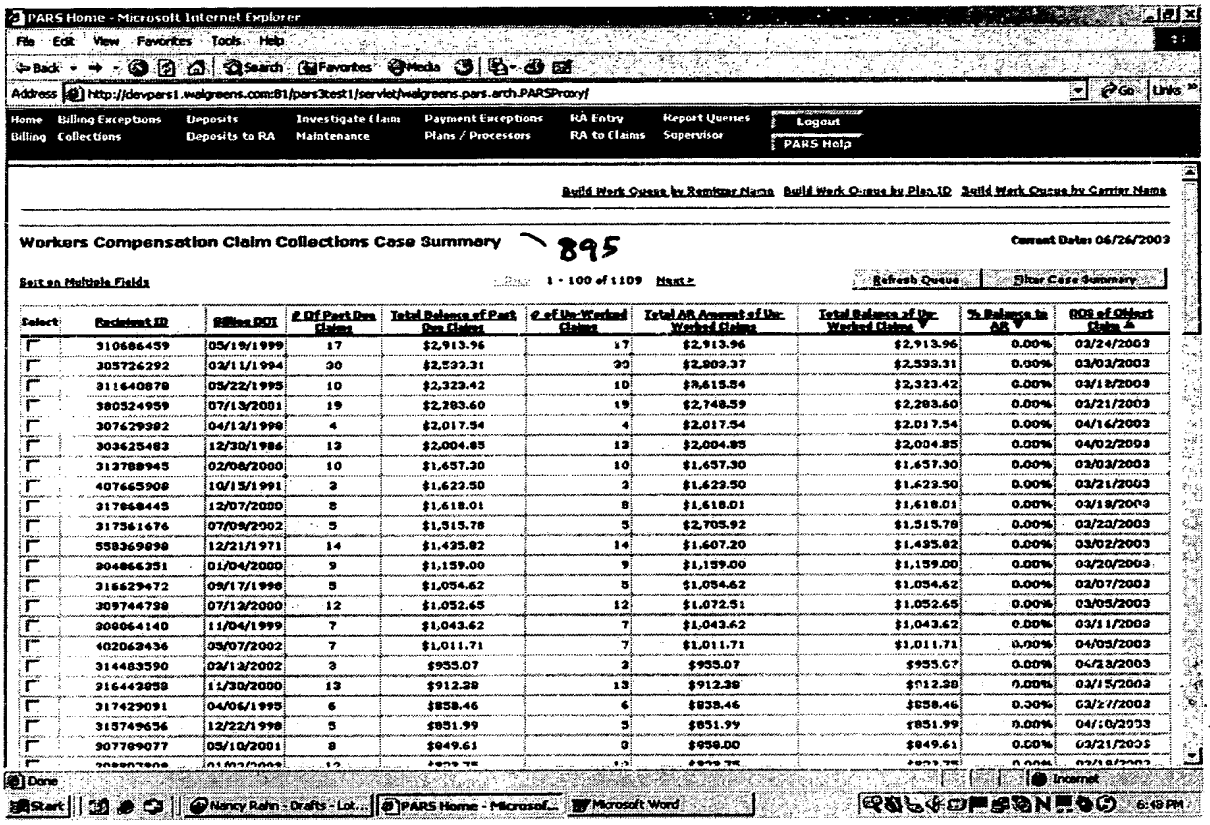


FIG. 18F

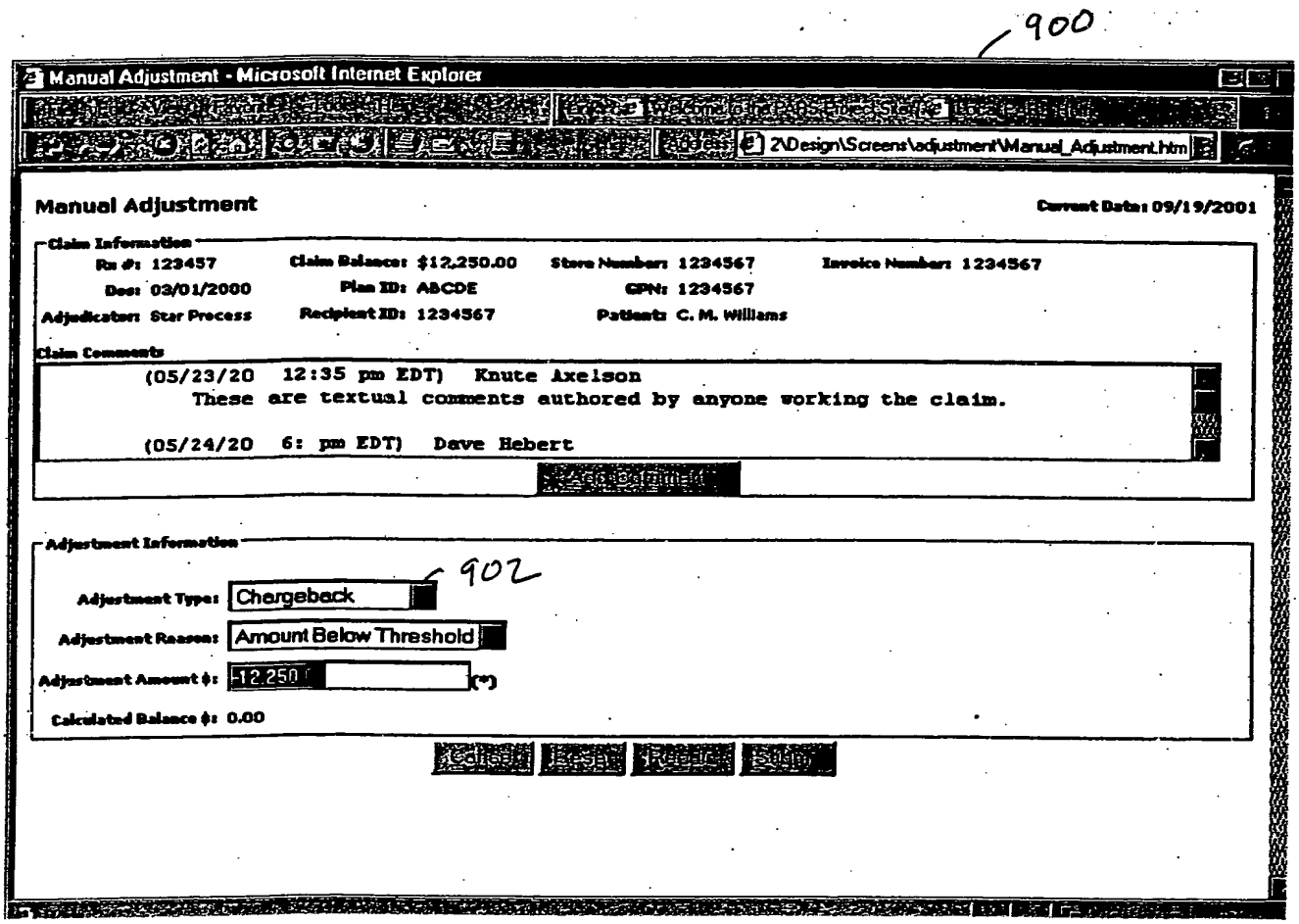

900
Manual Adjustment - Microsoft Internet Explorer
Address
Z:\Design\Screens\adjustment\Manual_Adjustment.htm
Manual Adjustment
Current Date: 09/19/2001
Claim Information
Rx #: 123457
Claim Balance: $12,250.00
Store Number: 1234567
Invoice Number: 1234567
Doc: 03/01/2000
Plan ID: ABCDE
CPN: 1234567
Adjudicator: Star Process
Recipient ID: 1234567
Patient: C. M. Williams
Claim Comments
(05/23/20 12:35 pm EDT) Knute Axelson
These are textual comments authored by anyone working the claim.
(05/24/20 6: pm EDT) Dave Hebert
Adjustment Information
902
Adjustment Type: Chargeback
Adjustment Reason: Amount Below Threshold
Adjustment Amount $: -12,250
(*)
Calculated Balance $: 0.00

FIG. 19A

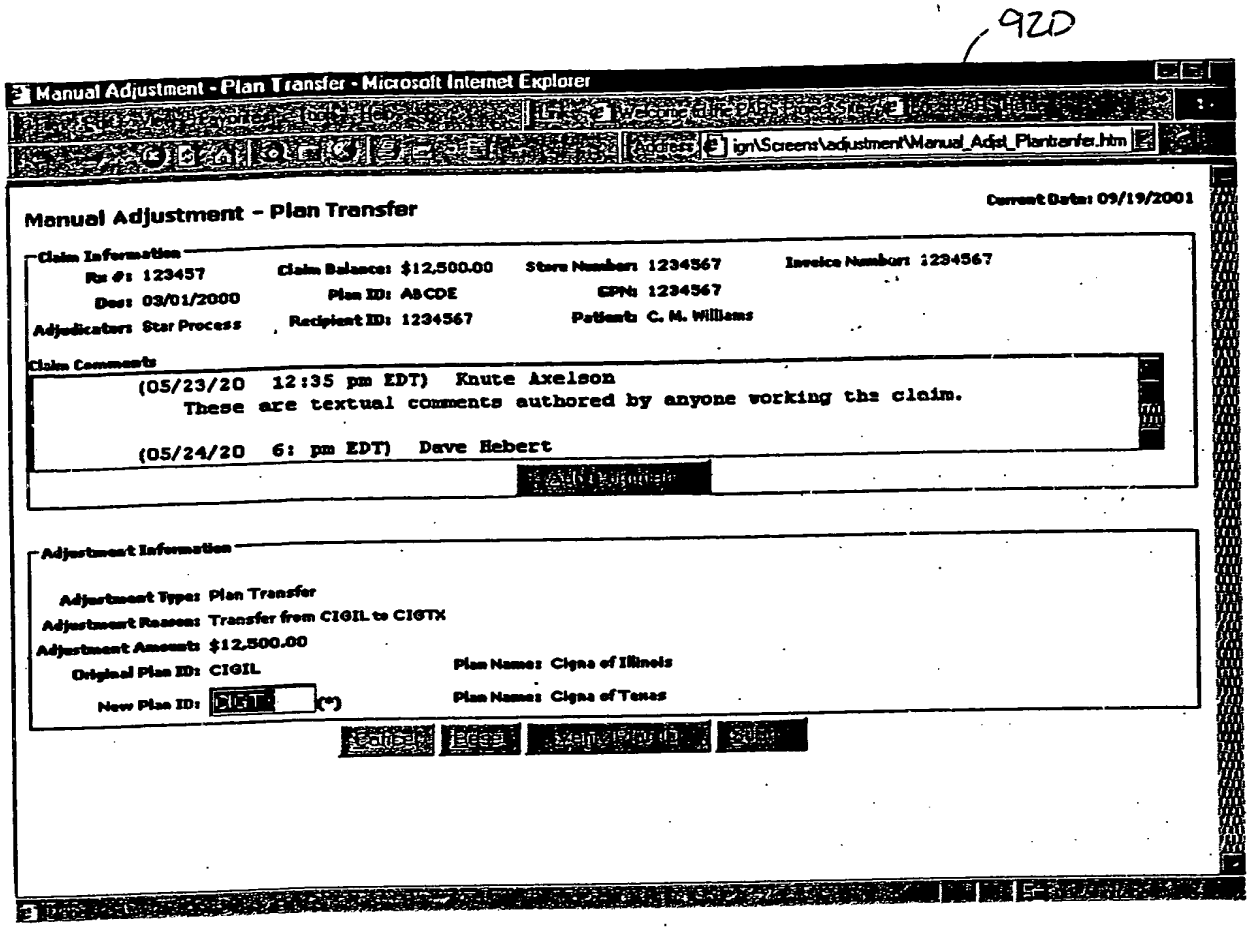

920
Manual Adjustment - Plan Transfer - Microsoft Internet Explorer
Address
ign\Screens\adjustment\Manual_Adjst_Plantransfer.htm
Manual Adjustment - Plan Transfer
Current Date: 09/19/2001
Claim Information
Rx #: 123457
Claim Balance: $12,500.00
Store Number: 1234567
Invoice Number: 1234567
Doc: 03/01/2000
Plan ID: ABCDE
GPN: 1234567
Adjudicator: Star Process
Recipient ID: 1234567
Patient: C. M. Williams
Claim Comments
(05/23/20 12:35 pm EDT) Knute Axelson
These are textual comments authored by anyone working ths claim.
(05/24/20 6: pm EDT) Dave Hebert
Adjustment Information
Adjustment Type: Plan Transfer
Adjustment Reason: Transfer from CIGIL to CIGTX
Adjustment Amount: $12,500.00
Original Plan ID: CIGIL
Plan Name: Cigna of Illinois
New Plan ID: CIGT
(*)
Plan Name: Cigna of Texas

FIG. 19B

940

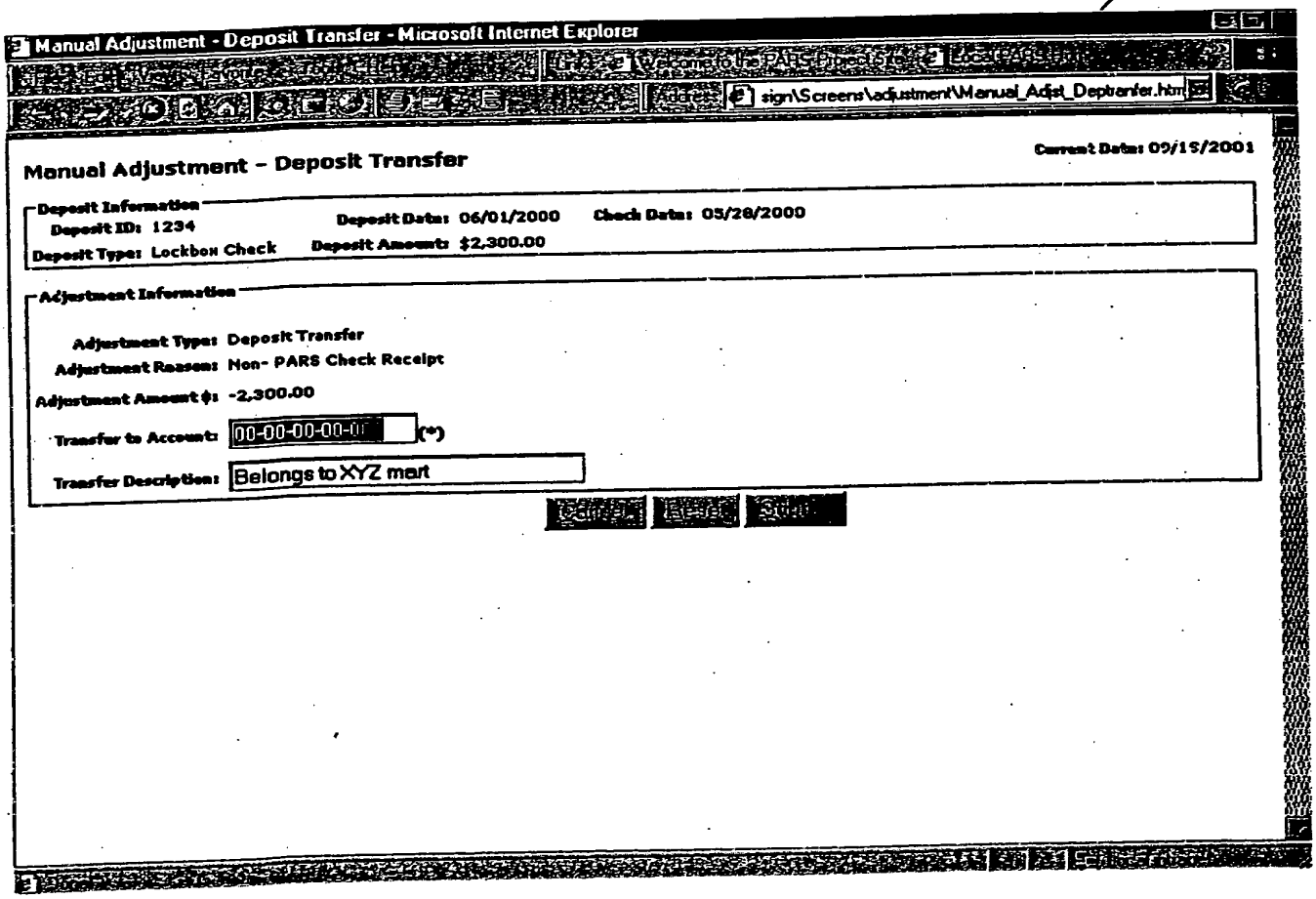

Manual Adjustment - Deposit Transfer - Microsoft Internet Explorer
sign\Screens\adjustment\Manual_Adjst_Deptransfer.htm
Manual Adjustment - Deposit Transfer
Current Date: 09/15/2001
Deposit Information
Deposit ID: 1234
Deposit Date: 06/01/2000
Check Date: 05/28/2000
Deposit Type: Lockbox Check
Deposit Amount: $2,300.00
Adjustment Information
Adjustment Type: Deposit Transfer
Adjustment Reason: Non- PARS Check Receipt
Adjustment Amount $: -2,300.00
Transfer to Account: 00-00-00-00-00 (*)
Transfer Description: Belongs to XYZ mart

FIG. 19C

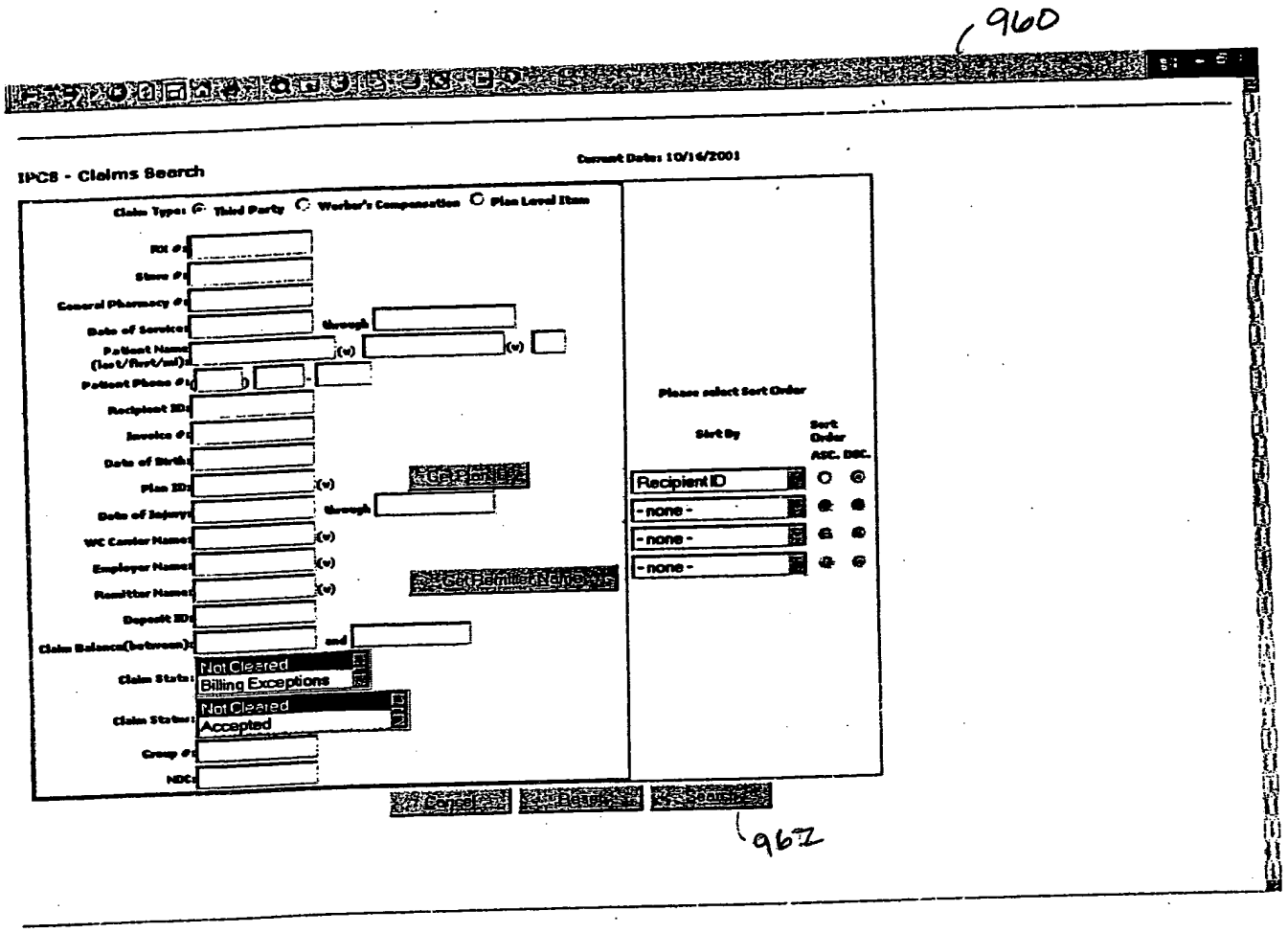
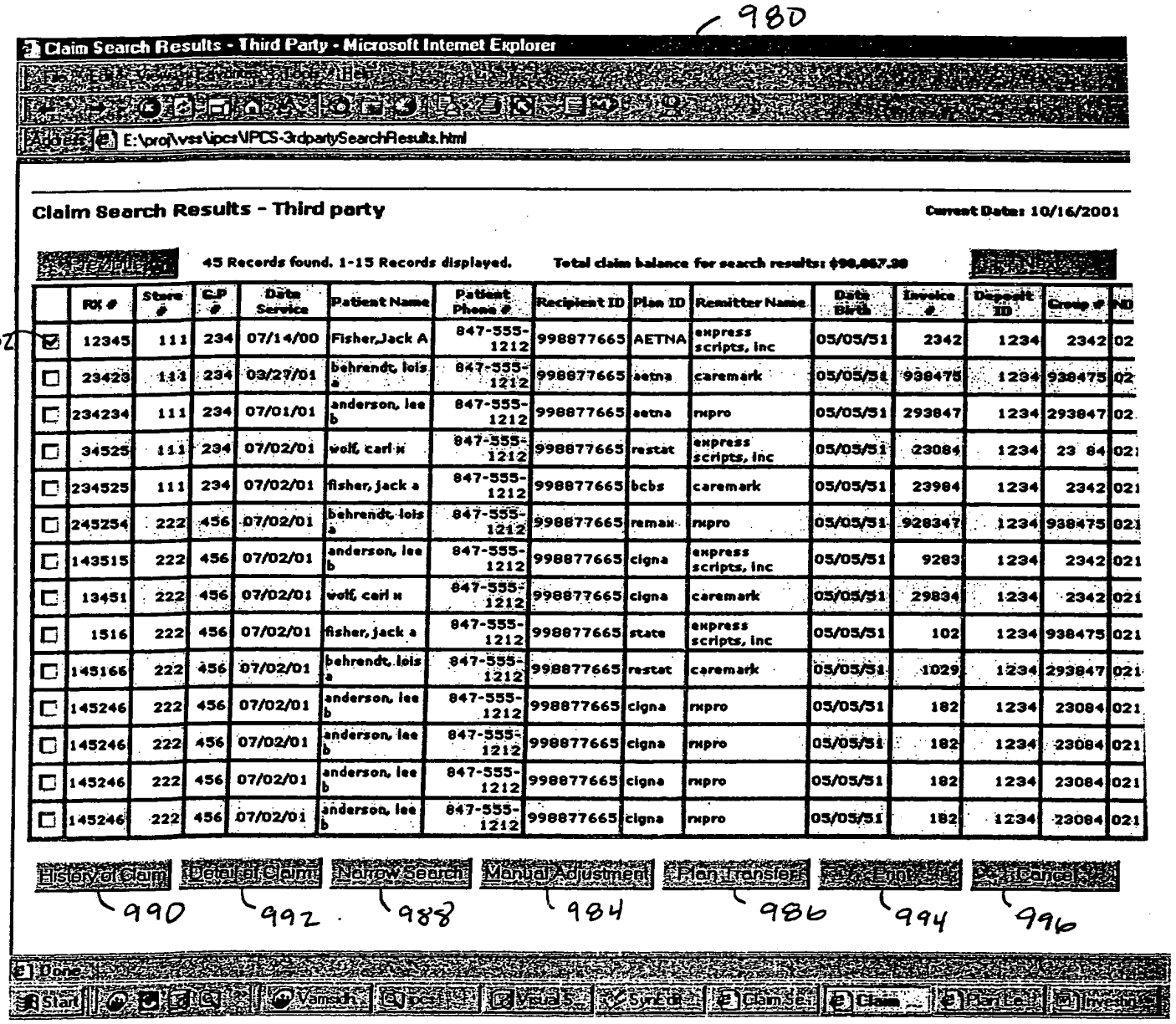

960
IPCS - Claims Search
Current Date: 10/16/2001
Claim Type: Third Party Worker's Compensation Plan Level Item
Please select Sort Order
Sort By
Sort Order
ASC. DSC.
Recipient ID
- none -
- none -
- none -
Not Cleared
Billing Exceptions
Not Cleared
Accepted
962

FIG. 20A



	RX #	Store #	C-P #	Date Service	Patient Name	Patient Phone #	Recipient ID	Plan ID	Remitter Name	Date Birth	Invoice #	Deposit ID	Group #	ND
☑	12345	111	234	07/14/00	Fisher,Jack A	847-555-1212	998877665	AETNA	express scripts, inc	05/05/51	2342	1234	2342	02
☐	23423	111	234	03/27/01	behrendt, lois a	847-555-1212	998877665	aetna	caremark	05/05/51	938475	1234	938475	02
☐	234234	111	234	07/01/01	anderson, lee b	847-555-1212	998877665	aetna	rxpro	05/05/51	293847	1234	293847	02
☐	34525	111	234	07/02/01	wolf, carl w	847-555-1212	998877665	restat	express scripts, inc	05/05/51	23084	1234	23 84	021
☐	234525	111	234	07/02/01	fisher, jack a	847-555-1212	998877665	bcbs	caremark	05/05/51	23984	1234	2342	021
☐	245254	222	456	07/02/01	behrendt, lois a	847-555-1212	998877665	remax	rxpro	05/05/51	928347	1234	938475	021
☐	143515	222	456	07/02/01	anderson, lee b	847-555-1212	998877665	cigna	express scripts, inc	05/05/51	9283	1234	2342	021
☐	13451	222	456	07/02/01	wolf, carl w	847-555-1212	998877665	cigna	caremark	05/05/51	29834	1234	2342	021
☐	1516	222	456	07/02/01	fisher, jack a	847-555-1212	998877665	state	express scripts, inc	05/05/51	102	1234	938475	021
☐	145166	222	456	07/02/01	behrendt, lois a	847-555-1212	998877665	restat	caremark	05/05/51	1029	1234	293847	021
☐	145246	222	456	07/02/01	anderson, lee b	847-555-1212	998877665	cigna	rxpro	05/05/51	182	1234	23084	021
☐	145246	222	456	07/02/01	anderson, lee b	847-555-1212	998877665	cigna	rxpro	05/05/51	182	1234	23084	021
☐	145246	222	456	07/02/01	anderson, lee b	847-555-1212	998877665	cigna	rxpro	05/05/51	182	1234	23084	021
☐	145246	222	456	07/02/01	anderson, lee b	847-555-1212	998877665	cigna	rxpro	05/05/51	182	1234	23084	021

FIG. 20B

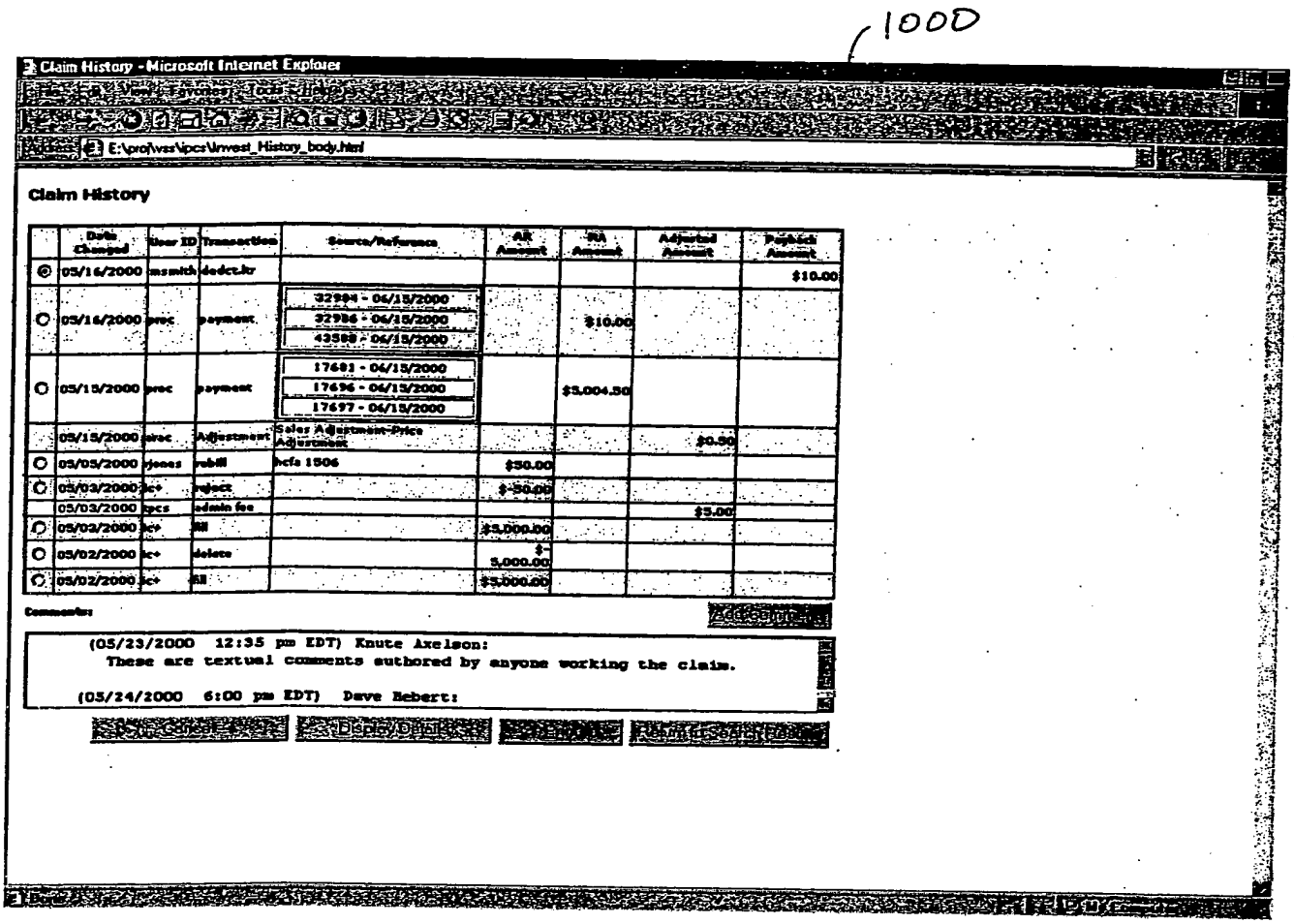

1000
Claim History - Microsoft Internet Explorer
E:\prof\vss\pcs\Invest_History_body.html
Claim History
Date Changed
User ID
Transaction
Source/Reference
AR Amount
RA Amount
Adjusted Amount
Payment Amount
05/16/2000 msmith dedct.hr $10.00
05/16/2000 proc payment 32984 - 06/15/2000 32986 - 06/15/2000 43589 - 06/15/2000 $10.00
05/15/2000 proc payment 17681 - 04/15/2000 17696 - 04/15/2000 17697 - 04/15/2000 $5,004.50
05/15/2000 proc Adjustment Sales Adjustment-Price Adjustment $0.50
05/05/2000 rjones rebill hcfa 1506 $30.00
05/03/2000 jc+ reject $-30.00
05/03/2000 pcs admin fee $5.00
05/03/2000 jc+ bill $5,000.00
05/02/2000 jc+ delete $-5,000.00
05/02/2000 jc+ bill $5,000.00
Comments:
(05/23/2000 12:35 pm EDT) Knute Axelson:
These are textual comments authored by anyone working the claim.
(05/24/2000 6:00 pm EDT) Dave Rebert:

FIG. 20C

; Claim History

Claim Information

Claim Balance: $0.00 **State:** CLEARED **Status:** CLEARED

Rx #: 50195 **DOS:** 03/19/2002 **Patient Name:** MARTIN, DIANNA

St re #: 6168 **G.P. #:** 3670216 **Recipient ID:** 29958877803

Inv. #: **Plan ID:** AETNA **Remitter Name:** AETNA US HEALTHCARE

1020

Payment History

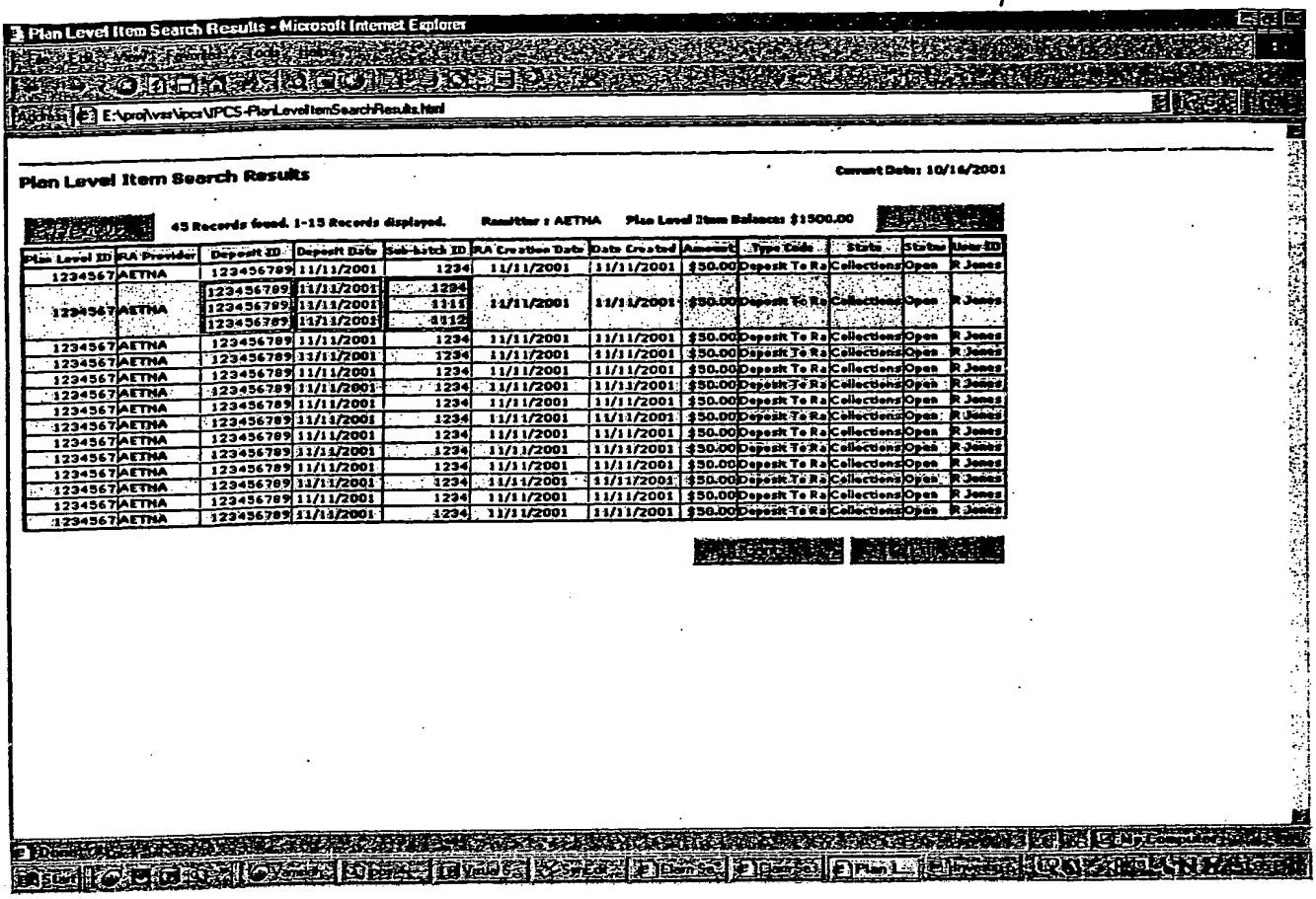
Deposit Date	Deposit ID	RA Category	Exception Reason	RA Amount
03/19/2002	8918738	PAYMENT	00	($81.62)
03/19/2002	8918738	NEGATIVE	00	$81.62
03/19/2002	8918738	PAYMENT	00	($81.62)

	Date Created	User ID	Transaction	Fill # Dispen	Fill #	Source/Reference	AR Amount	RA Amount	Adjusted Amount	Payback Amount
◉	06/22/2002	PARS	PAYMENT			8918738 - 03/19/2002		($81.62)		
○	06/22/2002	PARS	NEGATIVE			8918738 - 03/19/2002		$81.62		
○	06/22/2002	PARS	PAYMENT			8918738 - 03/19/2002		($81.62)		
○	06/21/2002	PARS	FILL	1	2	ICPLUS - DL ACCEPTED	$81.62			
○	06/21/2002	PARS	DELETE	1	1	ICPLUS - DLD ACCEPTED	($81.62)			
○	06/21/2002	PARS	FILL	1	1	ICPLUS - DL ACCEPTED	$81.62			

Comments:

FIG. 20D

1040



Plan Level ID	RA Provider	Deposit ID	Deposit Date	Sub-batch ID	RA Creation Date	Date Created	Amount	Type Code	Status	Status	User ID
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1111							
1234567	AETNA	123456789	11/11/2001	1112							
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones
1234567	AETNA	123456789	11/11/2001	1234	11/11/2001	11/11/2001	$50.00	Deposit To Ra	Collections	Open	R Jones

FIG. 20E